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AYR DISTRICT ASYLUM.

AYR, SCOTLAND.

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ANNUAL REPORTS AND  
STATISTICAL TABLES,

1902-1907.

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BY

CHARLES CROMHALL EASTERBROOK,

M.A., M.D., F.R.C.P.E.





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## PREFATORY NOTE.

OVERLEAF the Contents of the Ayr Asylum Reports and Tables, Medical and Administrative, for the period 1902-1907 are classified, and paginated separately under each year so as to facilitate reference to the matters dealt with annually or in a particular year. The period 1902-1907 has been one of special activity in the history of the Institution. Amongst many additions and improvements overtaken during these years the main one has been the new Reception Hospital and Infirmary on Sanatorium lines. The "New Hospital at Ayr Asylum" was designed early in 1903 but, owing to delays in the prior construction of a permanent railway branch and siding for the Asylum, was not completed and opened till 1906, when the "Sanatorium Treatment of Active Insanity by Rest in Bed in the Open Air" was instituted—appropriately at Ayr—as a regular system of treatment in newly admitted cases, its distinctive feature being the simultaneous prescription and combination of the "rest cure" and the "open-air cure" for patients with active mental symptoms, and the period of confinement to bed being thus spent out of doors in open verandahs instead of, as formerly, inside wards and bedrooms. Reprints of papers describing the "New Hospital" and "Sanatorium Treatment" at Ayr Asylum are contained in an Appendix to this volume.

In the Medical Reports and Tables the importance of the constitutional or predisposing factor in the causation of mental illness, namely, a nervous constitution, inherited or acquired, is increasingly emphasized from year to year, and in my experience is the essential etiologic basis of a mental breakdown, precipitated, as the latter usually is, by one or more exciting factors or stresses, which, however, fail to produce a like effect in stable persons. "Prevention is better than Cure," and the prophylaxis of insanity in the individual thus consists mainly in the timely remedying of his nervous constitution by special observance of Nature's Laws of Health, and in the avoidance of undue stresses of whatever nature.

During the period of these Reports a Special Committee of the Medico-Psychological Association of Great Britain and Ireland has been undertaking a revision of its Statistical Tables for use in asylums. Many of the Medical Tables accompanying these Reports have been devised experimentally with a view to tabulating and correlating the more important facts or data of medical nature relating to the insane in asylums. The Industrial Tables have been devised with the object of indicating the nature and amount, and where practicable the financial value, of the work overtaken by patients and staff in the various industrial occupations at Ayr Asylum. The data and figures of the Financial Tables have been kindly supplied from the Clerk and Treasurer's Office.

C. C. EASTERBROOK.

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AYR DISTRICT ASYLUM,  
AYR.

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THIRTY-THIRD  
ANNUAL REPORT,  
1902-1903.





THIRTY-THIRD  
ANNUAL REPORT

OF THE  
AYR DISTRICT ASYLUM

FOR THE  
COUNTY OF AYR,  
GLENGALL, BY AYR.

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1902-3.

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MEDICAL AND ADMINISTRATIVE STATISTICS FOR THE PERIOD,  
1ST APRIL, 1902, TO 31ST DECEMBER, 1903.

FINANCIAL AND INDUSTRIAL STATISTICS FOR THE YEAR,  
16TH MAY, 1902, TO 15TH MAY, 1903.

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AYR:  
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# AYR DISTRICT LUNACY BOARD.

1902-1903.

(Nine Members from the County Council, and three Members from the Royal and Parliamentary Burghs).

---

Colonel R. M. POLLOK-MORRIS of Craig (*Chairman*).

\*WALTER BAIN, Rathen, Dalmellington.

R. M. DAVIDSON of Drumley.

Sir JAMES FERGUSON, Bart., of Kilkerran, M.P.

JOHN GOLDIE, Newmilns.

J. C. MONTGOMERIE of Dalmore.

R. A. OSWALD of Auchincruive.

†L. G. PEARSON, Kersland House, Glengarnock.

\*H. M. POE, Pyperstone, Hollybush.

JOHN SILVER, Whinpark, Prestwick.

†Colonel J. G. STURROCK, Thorntoun House, Kilmarnock.

Treasurer GEMMILL, Kilmarnock.

Treasurer TAIT, Ayr.

Provost MURCHLAND, Irvine.

(Three a quorum).

## House Committee.

Colonel R. M. POLLOK-MORRIS of Craig (*Convener*).

R. A. OSWALD of Auchincruive.

JOHN GOLDIE, Newmilns.

(Two a quorum).

## Farm and Garden Committee.

Colonel R. M. POLLOK-MORRIS of Craig (*Convener*).

J. C. MONTGOMERIE of Dalmore.

R. M. DAVIDSON of Drumley.

(Two a quorum).

*Clerk and Treasurer*—JAMES ED. SHAW, County Buildings, Ayr.

\* Retired from Board in December, 1903. † Joined Board in December, 1903.



## ASYLUM STAFF.

---

<i>Medical Superintendent,</i>	-	C. C. EASTERBROOK, M.D., F.R.C.P. Ed.
<i>Senior Assistant Physician,</i>		E. HAMILTON CRAMB, M.B., Ch.B.(Glasg.)
<i>Junior Assistant Physician,</i>		A. MALCOLM SIMPSON, B.A., B.C.(Cantab.)
<i>Consulting Physician,</i>	-	CHAS. HOLLAND SKAE, M.D., L.R.C.S.E.
<i>Visiting Chaplin,</i>	-	Rev. S. MARCUS DILL, Alloway.
<i>Matron,</i>	-	Miss MARGARET ALISON.
<i>Head Attendant,</i>	-	Mr JOHN A. CARNEGIE.
<i>Clerk of Works,</i>	-	Mr WILLIAM MORRISON.
<i>House Steward,</i>	-	Mr CHARLES BLACK.
<i>Head Gardener,</i>	-	Mr GEORGE CROCKATT.

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### Clinical Clerks during 1902-3.

H. LENNOX MUNRO	-	(August and September, 1902).
RUPERT A. C. RIGBY	-	(June and July, 1903).
W. H. FORSYTH	-	(August and September, 1903).



# Medical Superintendent's Annual Report.

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Ayr District Asylum,  
Glengail, by Ayr,  
*12th January, 1904.*

MR CHAIRMAN AND GENTLEMEN,

I have the honour to lay before you the Thirty-Third Annual Report of this Asylum, for the period 1902-3, with various Statistical Tables and the Reports of the Commissioners in Lunacy for Scotland.

Period covered  
by Report.

Statistical  
Period—1 April,  
1902, to 31 Dec.,  
1903, and in  
future 1 January  
to 31 December.

The Period covered by the Report embraces for the Medical Statistics and Administrative History, not as hitherto the year 1st April to 31st March, but the period of 21 months from 1st April, 1902, to 31st December, 1903, the object of this extension being to effect in as simple a way as possible a change to the ordinary Calendar Year from 1st January to 31st December, this being the statistical year adopted by most Asylums and in the English, Scottish, and Irish Lunacy Blue Books. This alteration should also suit the convenience of the members of the Ayr Lunacy District Board, as it will enable them in future to have the Annual Report of the County Asylum presented to them at the first meeting of the Board after its election in December.

Financial Year  
—15 May to 15  
May, Statutory  
for Scotch Dis-  
trict Asylums.

For the purposes of the Financial and Industrial Statistics of the Asylum, the year from 16th May, 1902, to 15th May, 1903 is adhered to, the year beginning and ending on 15th May being the Statutory Financial Year for Scottish District Asylums. The adoption of a uniform financial year for British Asylums, tallying with the uniform statistical year of the Blue Books, would clearly be the ideal arrangement, but this is impossible under the existing statutory conditions of various Asylums.

## General Statistics for the Period.

General  
Statistics (See  
General Tables  
I.-V.)

On the 1st of April, 1902, there were on the Asylum Books 499 patients, of whom there were 223 men and 273 women. During the 21 months there were 248 admissions, of whom there were 131 men and 117 women; 140 discharges, of whom there were 69 men and 71 women; and 89 deaths, of whom there were 38 men and 51 women; thus leaving on the books on the 31st of December, 1903, 518 patients, of whom there were 250 men and 268 women.

During the period 98 patients were discharged Recovered, of whom there were 50 men and 48 women, and 42 patients were discharged Unrecovered, of whom there were 19 men and 23 women.



The Total Number of patients under treatment was 747, of whom there were 357 men and 390 women.

The Average Number of patients Resident daily was 515, of whom there were 245 men and 270 women.

These numbers refer entirely to rate-paid patients or "Pauper Lunatics," there being no accommodation in the Asylum for private patients or for voluntary boarders. In Scotland all "pauper lunatics" are accommodated in Asylums, or in Lunatic Wards of Poorhouses, or in Private Dwellings under the care of relatives or strangers, and all are on the General Register of the General Board of Lunacy for Scotland, and subject to the supervision of that central authority.

Recovery Rate,  
best based on  
the Direct Ad-  
missions of  
those becoming  
insane in  
the Community,  
45.15 per cent.

The *Recovery Rate* for the period, based on the Total Admissions, was 39.5 per cent. (men 38.1 per cent., women 41 per cent.), which closely corresponds with the average for the Royal and District Asylums of Scotland in 1902, viz., 39.7 per cent. The Recovery Rate, based on the Total Admissions, *minus* the Transfers from other asylums and lunatic wards of poorhouses, was 42.7 per cent. (men 41.6 per cent., women 44.0 per cent.); but based on the Total Admissions *minus* the Transfers as above and the Removals from care in private dwellings, that is *minus* the Admissions (Indirect) of all "pauper lunatics" of more or less long standing, was 45.15 per cent. (men 44.24 per cent., women 46.15 per cent.) This method of calculation, which bases the Recovery Rate on the Admissions (Direct) from the community of occurring and recurring insanity, is the most accurate of the three, the other two methods being falsified by the inclusion, amongst the admissions on which the recovery rate is based, of cases which simply represent artificial alterations by the responsible authorities of their temporary habitats of confirmed and more or less incurable lunatics.

Death-Rate,  
9.8 per cent.

The *Death Rate* during the 21 months based on the total number under treatment was 11.8 per cent., being 10.6 per cent. in the case of the men and 13.0 per cent. in the case of the women. The proportional death rate during 12 months, based on the average number resident, was 9.8 per cent. (men 8.8 per cent., women 10.7 per cent.), this closely corresponding with the average for the Royal and District Asylums of Scotland for 1902, viz., 9.5 per cent.

Monthly Inci-  
dence.

As to the *Monthly Incidence* of the Admissions, Discharges and Deaths during the period, there was nothing exceptional to note beyond the fact that there were most Admissions in April 1902, and July, 1903, most Discharges in April, 1903, and most Deaths in November, 1903.

Relative  
Chargeability  
to Parishes of  
Ayrshire,

As to the *Relative Chargeability* to the various Parishes in County of the patients who were admitted or discharged, or who died during the period, or who remained on the Asylum Register at the end of 1903, Kilmarnock topped the list of Admissions with 44, Ayr coming next with 41, and Ardrossan (11), Stevenston (10).



and Muirkirk (10), being about equal at third place. Kilmarnock also headed the list of Discharges with 23 as against Ayr's 21. Ayr easily headed the list of Deaths with 20, as against Kilmarnock's 11 at second place. As regards the number of Patients Remaining on the 31st December, 1903, Ayr had the unfortunate distinction of leading with 105, Kilmarnock coming second with 70, and each of the other parishes had less than 20 patients remaining on the books.

Ayrshire a Sane  
County, 28th on  
the "Insane"  
List for  
Scotland.

As to the *Ratio of Insanity to Population in Ayrshire*.—It is sometimes a good thing to be near "the foot of the class." According to the last Lunacy Blue Book for Scotland (45th Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1903) the County of Ayr at the 1901 census came out 28th amongst the 33 Counties of Scotland, arranged in the order of the prevalence in them of mental unsoundness. The proportion of total persons of unsound mind belonging to Ayrshire, whether private or pauper, and whether resident in the county or not, was, on the 31st March, 1901, 381 per 100,000, as against 446 for all Scotland. As regards "Pauper Lunacy," however, Ayrshire stands slightly higher (22nd) on the list, and the county may be said to have at present about 265 "pauper lunatics" per 100,000 of population, or 26.5 per 10,000, or 2.65 per 1000. These figures give an idea of the extent of "pauper lunacy" in the County, and given the population of any particular Parish, it will be possible from them to estimate roughly whether its rate-paid insanity is above or below the average for the County. Thus, the population of the Parish of Ayr being estimated at 32,500 at the end of 1903 (its population at the 1901 census was 31,537), its pauper lunatics should number 80, whereas on the 31st December, 1903, there were 105 in the County Asylum, 3 in the Lunatic Wards of the Poorhouse, and 3 in Private Dwellings under rate-paid care, or 111 "Pauper Lunatics" in all. Ayr Parish has thus a relatively large share of the county lunacy to support.

Ayr Parish has  
considerably  
more than the  
average of the  
"Pauper  
Lunacy" of the  
County.

#### A.—THE ADMISSIONS.

The Statistical  
Data as to the  
Admissions refer  
only to the  
212 different  
persons admitted  
directly  
from the  
County as the  
result of the  
onset of a distinct  
attack of  
Insanity.

The Total Admissions were 248 (men 131, women 117). Excluding from these the 31 Indirect Admissions (men 18, women 13) of old-standing cases who simply represent an artificial influx of already confirmed and registered pauper lunatics; excluding from the 217 Direct Admissions (men 113, women 104) who remain, the cases of 5 of them (2 men and 3 women) who were admitted a second time during the period of 21 months, we arrive at a total of 212 different persons (111 men, 101 women) who were admitted directly into the asylum from the county during the period as the result of the onset of a distinct attack of insanity. These 212 persons may therefore be fairly taken as representing the incidence, or occurrence and recurrence, of rate-paid

insanity in the County, as distinguished from its total extent as above referred to. The following data as to the admissions are based entirely on the facts relating to these 212 persons, and from them we may learn something as to the main causal factors of the lunacy (rate-paid) in the county and its more common types. It will be noticed that there were 10 such persons admitted per month on the average during the period.

*I. General Facts as to the Persons directly admitted from the County.*

As to *Sex*, there were 111 men and 101 women.

As to *Age*, there were 39 under the age of 30, the main period of mental development; 33 over the age of 30, the main period of mental decadence; and 140 between the ages of 30 and 60, the main period of mental maturity—and of bodily and mental wear and tear. The Mean Age on Admission was 45·0 years.

As to *Marital State*, there were 102 single, 80 married, 26 widowed, 3 separated or divorced, and 1 unknown.

As to *Nationality*, there were 169 Scottish, 36 Irish, 6 English, and 1 Foreign (a Pole). Naturally in a Scotch County the majority of the persons admitted was Scottish. The predominance of the Irish over the English admissions is probably due to a larger proportion of the former in the labouring community, hawkers and vagrants being proportionately represented by the two countries, and forming a not inconsiderable element of the “furth of Scotland” cases.

As to *Religion*, there were 174 Presbyterians, 30 Roman Catholics, 4 Episcopalians, and 4 of unknown religion.

As to *Education*, 14 were unable to read or write; 20 could read only; 138 were moderately educated, that is, of a standard comparable to that of primary education; 20 were well educated, of a standard comparable to that of secondary education; 8 were more highly educated, having had a more or less specialized or technical training for professions. In 12 cases it was not possible to ascertain the state of education.

As to *Occupation*, taking the Registrar General’s classification at the last census, 8 were engaged in Professions, 16 in Commerce, 9 in Agriculture, 90 in Industries, 75 in Domestic occupations (most of the women were in this group), and 14 were of unknown occupation or of no occupation.

*II. Causal and Associated Factors of the Insanity in the Persons directly admitted from the community.*—These may be distinguished into Hereditary and Personal Factors.

As to *Heredities* :—

A “Family History” was unascertainable in 36 cases. Of the remaining 176 cases, the family health was definitely stated to be good in 46 cases, no hereditary factors being known to the informants. In the remaining 130 cases the following hereditary factors were stated to be present, these being distinguished in Admissions Table II. as direct (parents

I. General  
Facts.  
(Admissions  
Table I)

Sex.

Age.

Marital State.

Nationality.

Religion.

Education.

Occupation.

II. Causal and  
Associated  
Factors of the  
Insanity.  
(Admissions  
Table II)  
Heredities.



grandparents, etc.), collateral (brothers, sisters, uncles, aunts, cousins, etc.), or both direct and collateral. Frequently several hereditary factors coexisted in the same family.

*Insanity* was acknowledged to be present in 63 families, Tuberculosis (Consumption, etc.) in 26 families, Alcoholism in 14 families, Neurosis (or Nervousness and Nervous Illnesses such as Epilepsy, Hysteria, and the like) in 10 families, Paralysis (Apoplexy, etc.) in 9 families, Rheumatism in 7 families, Cancer in 6 families, Heart Disease in 4 families, Kidney Disease in 3 families, Diabetes in 2 families; and Poverty, Vice and Crime occurred in 8 families.

As to *Personal Factors*, a combination of which frequently occurred in many of the patients, these were as follows:—

*Congenital Mental Defects and Errors* (e.g. Deaf-Mutism) were present in 8 persons.

*Insane Constitution and Previous Attacks of Insanity* occurred in 81 persons. 61 persons had had a previous attack or previous attacks of Insanity, viz.:—39 with 1 previous attack, 9 with 2 previous attacks, 7 with 3 previous attacks, and 6 with more than 3 previous attacks; the first or only attack, as the case might be, having come on before the age of 30 in 30 persons, between 30 and 60 in 28 persons, and over the age of 60 in 3 persons.

*Nervous Constitution and past or present attacks of the Neuroses* (Epilepsy, Hysteria, etc.) occurred in 50 persons.

*Paralysis or other "Gross" Nervous Diseases* (General Paralysis, Apoplexy, Peripheral Paralysis or Neuritis, etc.) occurred in 22 persons.

*Other Bodily Diseases and Morbid Conditions*, past or present, were, to mention the chief ones, as follows, some of these frequently coexisting in the same patient:—Heart Disease and Arterial Degeneration in 32 persons, Anaemia or Bloodlessness in 30, Emaciation in 20, Bronchitis and Emphysema of the Lungs in 20, Dyspepsia and Biliousness in 15, Albuminuria in 22, Generative Derangements in 15, Skin Eruptions and Abscesses in 14, Sepsis, Influenza and former "Ague" in 10, Rheumatism in 12, Syphilis in 11, Tubercle and Phthisis in 12, and Injuries to the Head, Operations and former "Sunstroke" in 8 persons.

*Unphysiological "Crises" of Life* formed a most important group of "exciting" factors, and included—Puberty and Adolescence in 40 persons, Senility in 35, Climacteric or "Change of Life" in 24, Lactation in 7, Childbirth in 5, and Pregnancy in 1.

*Unhealthy Modes of Life* also formed a large group of "exciting" factors, and included—Alcoholic Excess in 58 persons, Immorality, Vice and Crime in 20, Poverty, Vagrancy and Privation in 12, and Overwork in 10 persons.

Finally, *Mental or Emotional and "Moral" Factors* formed a small but not unimportant group of agencies, including Domestic Worries, Anxieties and Afflictions in 12 persons, Financial and Business Worries in 7 persons, Love and Religious Affairs in 3

Personal  
Factors.

Congenital  
Deficiencies.

Psychoses.

Neuroses.

Paralyses.

Other Bodily  
Diseases.

Crises of Life.

Bad Habits.

Emotional  
Causes.



persons, Sudden Grief in 1 person, and Sudden Fright in 1 person.

**III. The Varieties and Forms of Insanity in the Persons admitted (Admissions Table III.)**

Alcoholic Insanity, 25.9 per cent., tops the list of individual varieties, but the Insanities of the "Crises" of Life form the largest group (45.7 per cent.)

III. *The Varieties of Insanity* exhibited by the persons admitted from Ayrshire were as follows, in order of frequency:—Alcoholic Insanity in 55 persons; the Insanities of Decadence in 50 persons (Senile 32, Climacteric 18); the Insanities of Development, in 36 persons (Adolescent 34, Pubescent 2); the Insanities associated with Child-bearing in 13 persons (Lactational 7, Puerperal 5, Gestational 1); the Insanities of Inherent Insane Constitution in 12 persons (Recurrent Insanity, Hypochondriacal Insanity, Paranoia, etc.); Idiopathic Insanity, from mental and bodily wear and tear, in 10 persons; the Insanities of the Neuroses in 9 persons (Epileptic 7, Hysterical 2); General Paralysis in 9 persons; Congenital Imbecility in 4 persons; Post-Influenzal Insanity in 4 persons; Paralytic Insanity (from Apoplexy, &c.) in 3 persons; Traumatic Insanity (from Injuries to the Head, &c.), in 3 persons; Syphilitic Insanity in 2 persons; Unclassified in 2 persons. The Insanities of the Crises of Life thus formed the largest group of cases, but Alcoholic Insanity topped the list of individual varieties.

The *Forms of Insanity* manifested by the persons admitted were Mania in 85 persons; Delusional and Hallucinatory Insanity in 62; Melancholia in 35; Stupor, Confusional and Delirious Insanity in 22; and Dementia in 8.

**IV: Suicidal & Homicidal Tendencies before Admission numerous (Admissions Table IV.)**

IV. *Suicidal and Homicidal Tendencies* were exhibited before admission by many of the persons sent in. Thus *Suicide* was meditated or threatened by at least 35 persons, and was attempted by 32 persons, the Forms of Attempt being by cut-throat in 8 cases, precipitation from a height in 7, poisoning in 5, drowning in 4, self-mutilation in 3, hanging in 1, strangulation in 1, and precipitation before a train or lorry in 3. *Homicide* was threatened by 42 persons and attempted by 32 persons, the Form of Attempt being usually of the nature of an assault with violence.

**V. The Duration and Grade of the Insanity, and the State of the Bodily Health in those admitted (Admissions Table V.)**

V. The *Duration of the Insanity* on admission in those admitted was Recent or "Acute" (under 6 months) in 154 cases, "Sub-Acute" (from 6 months to 2 years) in 38 cases, and "Chronic" (over 2 years) in 20 cases.

The *Grade or Degree* of the insanity in those admitted was Mild or "Simple" in 36 cases, Moderate in 104, and Severe or Intense in 72 cases.

The *State of the Bodily Health* in those admitted, including reference to any condition of localised disease present, was Fair in 71 persons, Poor in 79 persons, and Weak in 62 persons (including 2 who were practically moribund on admission).

**VI. Prognosis of Admissions (Admissions Table VI.)**

VI. The *Prospect as to Mental Recovery* in those admitted was Good in 94 cases, Doubtful in 88 cases, and Bad in 30 cases, although in these last there was frequently hope of amelioration.

**A Curtain Lecture for Ayrshire.**

In view of the importance of the ever-increasing lunacy burden of the County and the Country generally, the above data as to the occurring and recurring insanity amongst the "masses"

in Ayrshire is not without meaning and practical import. If the above data are correct, and I may say that they have been ascertained and compiled with care, there are two main lessons to be learned from them as to the production of insanity (rate paid) in the County of Ayr. These are the potency of Alcoholism, and the influence of the Crises of Life.

#### Alcoholism.

As to *Alcoholism*.—Alcoholism was present as a hereditary factor in 15 instances, and as a personal factor in 58 cases (27·3 per cent.) These 58 cases do not include other 24 persons in whom alcoholism was present as a symptom of the insanity. I have most carefully excluded such cases, wishing to get at the real facts if possible. Further, I have excluded from the 58 persons of alcoholic habits 3 cases in which I regarded alcoholism as a contributory factor only, these persons being the subjects of other varieties of insanity. This left 55 alcoholic patients in whom the diagnosis of alcoholic insanity was based, not merely on the history of the patients' habits, but also on the character of the symptoms present, mental and bodily. Fifty-five cases of alcoholic insanity out of 212 persons admitted make a percentage of 25·9, which so far as I know is not exceeded in any other County Asylum in Scotland. During a recent period of 12 months the number of alcoholic cases admitted into the observation Wards of Barnhill Poorhouse and the District Asylums of Glasgow has been estimated at 33 per cent. of the admissions. Amongst the Pauper Admissions into English Asylums during the past five years, alcoholism is assigned as the cause of the Insanity in 23·8 per cent. of the men, and 9·7 per cent. of the women. It is perhaps not far from the truth to say that 20 per cent. of the insanity of the country in Asylums is due to alcoholic excess. Forty-four of the Ayrshire cases were men and eleven were women. Five of the men did not belong to Ayrshire—if this is any consolation—four of them hailing from Ireland and one from Fife, these being labourers and vagrants. The cases were brought from all parts of the County, but 10 came from Kilmarnock and 15 from Ayr. The evil is thus wide-spread. The remedy is less obvious, and as a part of the complex social problem of Inebriety in general, must be left for its solution to the authorities in the country who are specially devoting their attention to this matter. In my opinion the Habitual Inebriate who becomes insane through his folly and a charge upon the public purse, is *ipso facto* guilty of an "offence" against the public weal, and certainly if he repeat the "offence" and be "committed" a second time to an Asylum, he should on his recovery from the insanity, be dealt with under the Inebriates' Acts. The Habitual Inebriate, the Habitual Sluggard, Vagrant and Pauper, the Habitually Vicious, and the Habitual Criminal—all are a danger and a contagion to the community they live in. Every case requires careful investigation by competent medical, legal, parochial, police or other authority concerned;



but whether we regard the Inebriety, the Sloth, the Vagrancy, the Vice, or the Crime, as the deliberate and voluntary actions of responsible persons who have eschewed the Right and pursued the Wrong, as is the case in most instances probably; or whether we regard these transgressions against the public weal as the manifestations of Disease or Degeneracy in persons whose moral responsibility is thereby more or less impaired, as is the case in many instances, the mere fact of the recurrence of the "offence" in such a form as to bring it again under the notice of the authorities, emphasizes two still more important facts—(1) the now habitual nature of the offence, and (2) the failure of the previous method of remedying it. As soon as the Habitual Inebriate, Habitual Criminal, etc. "declare" themselves as such by repetition of their offences, inasmuch as they are for the time being social pests and scourges, they should, like fever cases, be "isolated" for the protection and safety of the wholesome community, and sent to "colonies"—islands for choice—where they can propagate neither their kind nor their influence, where the good should be separated from the bad and the bad from one another, and where all should be made to work for their maintenance, preferably at farm and garden pursuits, the rewards for their industry being extra food and special privileges, and the reward for their recovery—to the possibility of which their own voluntary and earnest co-operation is essential, and of the realisation of which the authorities in charge must be the judge—being restoration to the general community again.

**Unphysiological  
Crises of Life.**

As to the *Insanities associated with the Physiological Crises of Life*, viz., adolescence, child-bearing, change of life, and old age, these formed 45·7 per cent., or nearly half of the cases admitted. Insanity is largely a preventable disease, and "if preventable why not prevented?" Nature's laws of health are simple but inexorable. Nature says we must have proper food and drink, proper rest and sleep, fresh air, sunlight, exercise, warmth, cleanliness and avoidance of infection, work, recreation, social moderation in all things, and especially in luxuries. If the People could be taught to obey the Twelve Commandments of the Goddess of Health, and to "play the game" of life accordingly, there would be fewer mental breakdowns when the natural crises come round. In time too the People may come to learn that by special conditioning of the Environment and a special application of the Rules to their own case, hereditary tendencies may be neutralized and even constitutional weaknesses may be outgrown.

**The Twelve  
Commandments  
of the Goddess  
of Health**

**National  
Degeneracy—  
Physical and  
Mental  
Remedies.**

There is much in the air at present about the Physical Degeneracy of the Race, and the increase of lunacy, inebriety, pauperism, vagrancy, crime, and Mental Degeneracy in general. No one would dispute the absolute increase in the numbers of the latter, whatever may be the opinions as to whether the increase is relative rise of population or otherwise. What are the remedies? Perhaps the first essential to an efficient and happy life, either



the individual or the community, is Good Health. It is therefore all important that the individual and the community know how to acquire good health, and how to preserve it. This knowledge is not instinctive, for "to err is human"; it is based on the observation and experience of the past, interpreted in the light of the wisdom of the present. The public therefore require education in matters appertaining to health. Much good is being done and may still be done by popular courses of Health Lectures, and by the creation amongst the people of a "Health Conscience" through the efforts of the priest-physicians and authoritative Medical Bodies of the country. But as the possession of good health is so truly a vital interest of the body politic, it is the duty of the State, which has already recognised the importance of ensuring the general education of its people, to see that the scheme of education adopted includes as a compulsory part thereof, the development of the physique, medical inspection, and the teaching of the elements of hygiene. The latter should specially emphasize the importance of suitable feeding during infancy, and of abundance of exercise in the open during childhood and the whole period of growth, and should also draw attention to the action of tobacco and alcohol as impairing "wind and condition," and to their abuse as giving rise to ill-health, disease, and deterioration. The practice and theory of personal hygiene as a compulsory part of general education in all schools during the vital period of the growth, development, and educability of the children of the nation, would thus seem to be the only effectual method of dealing with the problem of physical degeneracy, and therefore of much of the potential mental degeneracy of the race. But what of the actual host of mental degenerates who already exist in the community, who are constantly increasing and who, according to at least one eminent authority, will continue to increase unless there occur an alteration of the relative fertility of the community in favour of the good stock? The State has already done much for the cure and amelioration of the disease and degeneracy that exist, by its more or less compulsory establishment of Fever and other Hospitals, Sanatoria, Asylums, Prisons, Retreats, Reformatories, and the like. In all these there is exemplified the principle of the segregation of the unfit and the unsound from the fit and the sound in the community. The same principle should be applied in the case of the Habitual Degenerates who burden the public rates, and more powers are required to segregate the latter, probably on the lines of colony treatment as above indicated. It is always a serious matter to deprive a member of the community of his rights as a citizen and to segregate him amongst the unfit. The authority therefore for this important step—and likewise for the restoration of the recovered degenerate to the community again—should be vested in the legal representatives of the State acting upon the information and data supplied by expert medical

parochial, police, or other authorities concerned. Greater powers to act, and more co-ordination of the powers exercised by these various authorities are required ere the community will be rid of its habitual degenerates, and this, it seems to me, is the best way for the State to consummate its efforts of the past. In these various matters of compulsory education and hygiene for all, and of compulsory segregation of the diseased, degenerate and unfit who are a danger to the community, the State should exercise the compulsion and the Local Authority should bear the expense or the brunt of it. The more efficiently the Local Authority carries out its obligations to the State the less will be the cost in the long run, certainly in matters of Degeneracy. For, be it remembered that even if the above remedies were put into effect now, it will take a generation for the results to tell, and the longer the delay the greater will the burden become. This being so, the initial expense might with justice be borne in part by the State, for the whole matter is one of national importance.

A Warning.  
Delays are  
Dangerous.

#### B.—THE DISCHARGES.

Statistics refer  
to Persons re-  
covered, and re-  
stored direct to  
the Community.

Of the 140 Discharges, 98 left the Asylum recovered, and 42 unrecovered—40 being improved and 2 unimproved. Of the 98 Recoveries, 50 were men and 48 were women. One man and one woman were discharged twice as "recovered" during the period. These two cases being eliminated, there remain 96 persons (49 men, 47 women) who returned sane to the community during the period, and to whom the following data refer:—

Varieties and  
Forms of  
Insanity in the  
Recoveries.  
(Discharges  
Table I.)

The *Varieties of Insanity* from which they had suffered were in order of frequency as follows—Alcoholic Insanity, 27 cases; the Insanities of Decadence, 21 (Climacteric 17, Senile 4); the Insanities of Development, 18 (Adolescent 17, Pubescent 1); the Insanities associated with Child-bearing, 13 (Puerperal 7, Lactational 5, Gestational 1); Idiopathic Insanity (from wear and tear), 8; Recurrent Insanity, 5; Syphilitic Insanity, 2; Hysterical Insanity, 1; and Post-Influenzal Insanity, 1. This list must not be read as representing the recoveries of identical patients in the similar Admissions list, as cases overlap from one year into the next. Here, however, as before the Alcoholic cases individually top the list of recoveries, but the "Critical" Insanities form more than half of the total recoveries.

The *Forms of Insanity* of the Recoveries were Mania, 47 Melancholia, 28; Delusional and Hallucinatory Insanity, 20 and Stupor, 1.

Ages on Recov-  
ery (Discharges  
Table II.)

The *Ages on Recovery* were as follows:—1 at the age of 15, 22 at the ages of 20 to 29, 21 at the ages of 30 to 39, 24 at the ages of 40 to 49, 20 at the ages of 50 to 59, 6 at the ages of 60 to 69, and 2 at the ages of 70 and 75. This shows that in each decade from 20 to 60 the number of recoveries was fairly uniform. The Mean Age on Recovery was 41·8 years.



Total Duration  
of Illness  
(Discharges  
Table II.)

*The Total Duration of the Illness* in those who recovered, including the period of illness before admission to the Asylum, and the length of residence in it, was as follows :—Under 1 month in 3 cases, 1 to 3 months in 24 cases, 3 to 6 months in 27 cases, 6 to 9 months in 11 cases, 9 months to 1 year in 9 cases, 1 to 2 years in 10 cases, and over 2 years in 12 cases. This shows that over 50 per cent. of the recoveries got well in 6 months from the onset of the illness, but that hope must not be given up in cases of over 2 years' duration or longer.

### C.—THE DEATHS.

Number.

The *Number of Deaths* during the period of 21 months was 89 (38 men, 51 women).

Mean Age, 51·9  
Years.

The *Mean Age at Death* was 51·9 years (men 52·6, women 51·3).

Post-Mortem  
Examinations,  
70 per cent.

*Post-Mortem Examinations* were made in 63 instances, or 70 per cent., the consent of the relatives being refused in the other cases.

The Causes of  
Death (Deaths  
Table I.)

The *Causes of Death*, which were "Natural" in all cases, were as follows :—

*General Diseases of Infective Nature*, 34, viz.:—Pneumonia 16, Pulmonary Tuberculosis 14, Erysipelas 2, Influenza 1, and Acute Rheumatism 1.

*Diseases of the Nervous System*, 30, viz.:—General Paralysis, 11, Cerebral Haemorrhage and Embolism 9, Epilepsy 6, Exhaustion from Mania or Melancholia 4.

*Diseases of the Heart*, 14, viz.:—Fatty Degeneration (chiefly in old people) 8, Valvular Disease and Endocarditis 5, and Chronic Myocarditis 1.

*Other Diseases*, 15, viz.:—Senile Decay 3, Chronic Bronchitis with Emphysema 3, Congenital Imbecility with Atrophy of Heart 1, Carcinoma of Stomach 1, Obstruction of the Bowels from old Peritonitis 1, Enteritis with Cirrhosis of Liver and Spleen 1, and Chronic Nephritis with Uraemia 1. There has been a slight increase in the deaths from General Paralysis and Pulmonary Tubercle as compared with the average for the previous 5 years. The death rate from General Paralysis was slightly lower than the average for other District and Royal Asylums in Scotland in 1902, but that from Pulmonary Tubercle was slightly higher.

*General Health during Period.*—Apart from this slight increase in Phthisis, some sporadic cases of Erysipelas, and an epidemic of Influenza in January, 1903, the general health of the population was good. One patient with Scarlatina and one with Typhoid Fever were admitted within the same month during the incubation stages of these diseases. On the symptoms declaring themselves the Scarlatina patient was, with the kind co-operation of Dr. Macdonald, Medical Officer of Health for the County, isolated at



Dalmellington Hospital with two attendants. The Typhoid case was treated in the Asylum.

*The Casualties* during the 21 months were, I am thankful to say, of an ordinary kind, all accidental, mostly unavoidable, and none of them ending seriously. They included six simple fractures of limbs from falls, one scald of the scalp at a hot water tap, and two wounds of the face due to assaults by patients—in the one case by a man upon his fellow-patient, and in the other case by a woman upon a kitchen servant.

### General Administrative History.

During the period of 21 months the following are among the chief changes of an administrative nature affecting the Patients and the Staff.

#### A.—PATIENTS.

##### 1.—Classification into—

##### (1) Able-bodied & Trustworthy.

#### A.—THE PATIENTS

1. *Classification and Re-arrangement.*—The patients, both men and women, have been separated into six groups, and accommodated in the buildings as follows:—

(1) *The Able-bodied and Trustworthy Patients.*—The men are accommodated in the men's villa, and the women in the women's villa and isolation hospital. These patients include the convalescent and quiet chronic cases, who are able to work, and who can be trusted with the parole of the grounds by day and without supervision by night. The villas have accommodation for 52 men and 52 women, and the isolation hospital has accommodation for 24 women. These buildings are conducted on the "open-door" system, that is, with unlocked doors by day. During the 18 months this system has been in operation, only 2 of the patients have broken their parole, forming 2 of the 11 escapes which occurred during the total period of 21 months, the other 9 being untrustworthy patients, who escaped by eluding the vigilance of their attendants. All the escaped patients were brought back safely the same day or within a few days of their escape. The privileges of parole are much appreciated by the patients concerned. The men's villa has been put in charge of a married couple, at a less cost to the maintenance, and with an access of comfort to the inmates.

##### (2) Able-bodied and Untrustworthy.

(2.) *The Able-bodied and Untrustworthy Patients*, numbering roughly from 90 to 100 patients of each sex, are accommodated in the large wing (Ward IV.) at each end, east and west, of the main buildings.

##### (3) Epileptic.

(3.) *The Epileptics* are accommodated in the central ward (Ward III. A) on each side of the main buildings.

##### (4) Deteriorated and Objectionable.

(4.) *The Deteriorated and Objectionable Patients* are accommodated in the north wing (Ward III. B) on each side of the main buildings.

##### (5) Newly Admitted and Bodily Sick.

(5.) *The Recently Admitted and Bodily Sick Patients* are accommodated in the south wing (Ward II.) on each side of the main buildings, in a ward of hospital type.

(6.) Old and Infirm.

(6.) *The Old and Infirm Patients* are accommodated in Ward I., which extends from the central ward (Ward III. A) on either side of the main buildings to the Dining Hall, Recreation Hall, and Administrative Offices at the main centre of the buildings. The overcrowding in the main buildings, and the measures proposed to relieve it, will be referred to later under "Accommodation."

2. Dietary—  
(See Dietary Table).

2. *Dietary*.—The dietary of the patients has been revised, and is a practical application of the recommendations of Dr J. C. Dunlop, contained in the Supplement to the 43rd Annual Report of the Commissioners in Lunacy. The ordinary dietary is that for an able-bodied man or woman doing a moderate day's work, each woman receiving approximately  $\frac{4}{5}$ ths of the standard or men's dietary. Men workers, therefore, receive no extras, except in a few cases in which they are regarded as doing a hard day's work, but all men workers who wish it get tobacco or snuff as an inducement to and reward for work. Women workers in the laundry and kitchen, and in a few instances in the wards, inasmuch as they are regarded as doing a hard day's work, receive extra diet. Able-bodied idlers receive less than the full diet for their respective sex, this being arranged by serving less food to the idlers' tables at dinner time. Proportionately less food also is served in the wards for the old and infirm who require less physiologically, and for the deteriorated patients who simply lead a vegetative existence. The official recommendations as to the Dietary of the Pauper Insane have been arranged at Ayr so as to secure a good variety of meals, and apparently to the satisfaction of the patients. Diet books have been introduced into the wards, showing the requirements of the patients in each. Careful adjustment of the needs of the various groups of patients and of individuals as to food, regulation of the food issued from the stores accordingly, preferential use of those food alternatives in the dietary which are cheaper for the time being, good and economical cookery in the kitchen, and finally, intelligent distribution, are all essential to the checking of waste in the Dietary arrangements of a large institution. In connection with the service of the patients' meals in the Dining Hall, a hot-plate has been provided to keep the food warm until served; and the heavy forms previously in use have been replaced by Austrian bentwood chairs, the forms being utilized in the Recreation Hall.

3. Employment  
(See Industrial Tables).

3. *Employment*.—Women patients are freely employed in the laundry, kitchen, and in the wards at housework, sewing, knitting, &c. Men patients similarly assist in the house work on the men's division. They are also employed at handicrafts in the workshops, and the number of outdoor workers on the farm and garden has been increased. In this connection a matter for future consideration is the development of the farm work. In 1883 sixty-six acres of farm lands were added to the original estate of forty-two acres for this purpose, but the land being poor and a stiff



damp clay soil, the former attempts at cultivation did not appear to be sufficiently profitable and were sometimes conducted at a loss ; and so for years these lands have been in pasture, the grazings being let. Ward journals have been introduced shewing the number of patients employed daily at work, and the nature of their work, also their participation in recreations, etc. Apart from the excellent therapeutic effect of employment, the value of the work done by patients in the Wards, Kitchen, Laundry, Workshops, and Farm and Garden, etc., is considerable, and is partially recorded in the Tables of Industrial Statistics. The proceeds of industry are applied to the needs of the Institution. The proposal of one of the members of the Board to invite the Ladies of Ayrshire to take an interest in the needlework of our women patients would certainly help to brighten the lives of the latter, and is well worthy of execution.

#### 4. Medical Treatment.

4. *Medical Treatment.*—By the appointment of two Assistant Medical Officers instead of one as hitherto, it has been possible to carry out the medical needs and requirements of the population more satisfactorily. In the case of each patient admitted a medical history is obtained, if possible first-hand from the most suitable relative or friend available. The patient is kept under observation in a Hospital Ward, careful records being made on clinical charts, and in the case-books, of the bodily and mental changes, and appropriate treatment is carried out in each case. A photograph is taken on the first suitable opportunity. A permanent 24 hours' daily record is kept of all sedatives and hypnotics used in the institution ; also of the hours of sleep of all new patients ; also of the fits of Epileptic and other patients ; also of the objectionable habits of Deteriorated patients which require correction. Stimulants are used only for medicinal purposes in the Asylum, the list of stimulants and extra diet being subject to daily revision by the Assistant Physicians, and to weekly revision by myself. More individual attention to the patients is now possible, and by a more general adoption of bed treatment for excited cases a considerable saving has been effected in the cost of sedatives, and seclusion has been reduced to a minimum. During the past six months no patient has been put in seclusion or under mechanical restraint. When a patient dies a *post-mortem* examination is made, subject to the consent of the relatives, and the results of the *post-mortem* examination are recorded. In some Asylums a *post-mortem* examination is made in every case as a routine practice, a commendable procedure, as it acts as an extra protection to the patients from rough usage, and further the *post-mortem* and laboratory examination of the organs of those dying insane is the essential line of progress in our knowledge of the pathology of insanity, and therefore in our proper treatment of it, preventive and curative, and therefore in our proper conception and solution of the ever-increasing lunacy problem of the country. In this connection it is specially gratifying to record the joining by the Ayr Lunacy District Board



in the Scottish Asylums' Pathological Laboratory Scheme, which is doing most excellent work under the able guidance of Dr Ford Robertson. In carrying out the details of medical treatment as above recorded, I have been ably and energetically assisted by the Assistant Physicians.

5. Amusements  
and  
Recreations.

5. *Amusements and Recreations*.—Newspapers, Journals and Magazines are supplied in all Wards, and there are rules posted in each ward for their regular circulation through the house. Indoor games at cards, draughts and dominoes are also played in all the wards. In the long winter evenings two entertainments are provided weekly, usually in the form of two dances, but sometimes a concert or lecture or other form of entertainment takes the place of a dance. I would here desire to record my thanks to those gentlemen in Ayr who have been good enough to supply us with concerts and variety entertainments from time to time. These are much appreciated by the patients. In this connection a stage has been erected at the north end of the Recreation Hall, and by a grant from the "Legacy Fund," left by a former friend of the Institution, a complete set of scenery has been secured and put up at a moderate price, greatly enhancing the appearance and utility of the hall.

Outdoor exercise is indulged in daily by all who are able to walk. Outdoor games are also engaged in at their proper time and season. The favourites are cricket in summer—and the "record" season so far occurred in 1903—and football in winter, these giving much pleasure both to the patients who play and to those who look on. Bowls, croquet and golf in summer, and curling in winter, when we get it, also have their adherents amongst the patients. Recreations, amusements, social entertainments, and indoor and outdoor games all act as "tonics" to the mind diseased, and just as they are necessary for ordinary bodily and mental health, so are they utilized as "medicine" for the restoration of body and mind to health.

6. Religious  
Ministration.

6. *Religious Ministration*.—The spiritual needs of the Protestant patients have been, as before, attended to by the Chaplain. For a short period, owing to scarlatina in the Chaplain's family, the Church services and visitations were in abeyance; and at the present time, owing to personal illness, the Rev. S. Marcus Dill has arranged for the Rev. J. N. Libbey to act for him in the weekly visitations and for other gentlemen to take his place on Sundays. We wish Mr Dill a speedy recovery to health and work. The Roman Catholic patients are visited from time to time by Priests from Ayr, and Mass is celebrated in the Hall for those wishing to attend. The proposal to have a separate Chapel in the grounds for the Church services would be much appreciated by the patients, and it is hoped that some day this will be carried out. One of the members of the Board during the past period made the kind gift of a handsome service of plate for the use of the patients at Communion.

## B.—STAFF.

## Medical Staff.

On Dr. Skae's resignation after thirty-three years of office, I was appointed by you to my present post on the 10th of June and took up duty on the 1st of July, 1902. Dr. Watson in February, 1903, took over the charge of a Private Asylum near London, and during the pleasant term of his assistancy, I found his knowledge of the patients, officials, and administrative machinery a great help in the taking up of my work. Two assistant Medical Officers as before mentioned were appointed in place of one, Dr. E. Hamilton Cramb of Glasgow as Senior, and Dr. A. Malcolm Simpson of Cambridge as Junior. For a population of over 500 patients, with over 80 officials, this step was essential in order to properly cope with and control the immediate medical requirements of this number.

## House Steward.

Mr Charles Black, late House Superintendent of Glasgow Eye Infirmary, was appointed *House Steward*, and is devoting himself assiduously to his department. He is assisted in his work by five patients.

## Plumber.

## Painter.

## Message Boy.

The *Plumber* went abroad, and was succeeded by one of the Joiner's sons. A *Painter* has been added to the staff, and the annual painter work is no longer being done by contract as hitherto. A *Message Boy* was engaged in place of the former one, who left to take up a trade.

## Servants.

*Servants*.—During the 21 months fourteen changes took place amongst the Laundry and Kitchen servants—1 absconded, 1 was dismissed for intoxication, and 3 left on account of ill-health, the others resigning. The servants' quarters have been improved; a Common Room has been provided near the kitchen to act as messroom and parlour, and the sleeping quarters have, by the conversion of the original women's central bathroom of the Asylum, been grouped in the Administrative centre under the supervision of the matron, no servants now sleeping in the patients' quarters.

## Attendants and Nurses.

*Attendants and Nurses*.—During the 21 months the changes have been numerous amongst the Attendants and Nurses. Six left to get married, 5 for promotion elsewhere (4 in English Asylums), 7 owing to ill-health either personal or at home, and 1 left for maternity hospital training. Eight were dismissed, 4 for intoxication, and 4 for roughness to patients. The changes amongst the attendants were more than twice as numerous as those amongst the nurses, but the changes are showing signs of decreasing. The service of attendants and nurses has been improved. The District Board having built four cottages for married attendants, there are now, along with the married couple at the men's villa, five married attendants on the staff in charge of wards. This undoubtedly will tend towards stability in the men's staff. Various improvements have been made in the attendants' and nurses' pay and allowances, dietary and accommodation, and hours of duty, leave and holidays.



1. *Pay and Allowances.*—The *Married Attendants* have each a free cottage with water, light, coals, a garden for vegetables, a wash-house for laundry purposes, and pay which begins at £50 a year and increases by £1 annually. *Junior Attendants* have board, lodging and washing, and the wages begin at £28 a year, rising (subject to satisfactory service) to £29 in six months, and to £30 at the end of one year; thereafter increasing by £1 annually to £32, after which a further rise depends on promotion to the post of “second charge,” in which case £1 is added to the current wage, and the annual increase of £1 continues as before to a maximum of £34, after which a further rise depends upon promotion to the post of “charge attendant,” in which case £2 is added to the current wage, and the annual increase of £1 continues as before to a maximum wage of £50.

*Junior Nurses* have board, lodging, washing and uniform, and pay which begins at £16, rising (subject to satisfactory service) to £17 in six months, and to £18 at the end of one year; thereafter increasing by £1 annually to £20, after which a further rise depends on promotion to the post of “second charge,” in which case £1 is added to the current wage, and the annual increase of £1 continues as before to a maximum of £22, after which a further rise depends upon promotion to the post of “charge nurse,” in which case £2 is added to the current wage, and the annual increase of £1 continues as before to a maximum wage of £38.

2. *Dietary and Accommodation.*—The Dietary has been re-arranged, and is that for an able-bodied man or woman doing a hard day's work. No extras therefore are given, nor are alcoholic stimulants supplied. The Staff meals are no longer served in the wards. A messroom has been provided both for nurses and for attendants, on each side of the dining hall, a service window leading from each messroom into the latter having been made, through which the food is handed by the kitchen servants. A parlour has also been provided both for nurses and attendants by conversion of the two dressing rooms off the old bathrooms in the administrative centre. These rooms are much appreciated by the officials when off duty.

3. *The Hours of Duty, Leave, and Holidays.*—The hours of duty are for the Day Staff from 6 a.m. to 8 p.m. (and once a week to 10 p.m. in the case of all except charge attendants and charge nurses), and for the Night Staff from 8 p.m. to 7 a.m. Each attendant or nurse has a half day (2 p.m. to 10 p.m.) off duty every week, a whole Sunday (10 a.m. to 10 p.m.) every three weeks, and a week-end every six weeks (from Saturday, 2 p.m. to Monday, 10 a.m.) With two hours off duty daily for meals and dressing, this leave gives an average working day of 10 hours, or deducting also the annual holiday of 15 days, an average 9 hours' working day per annum.



The above scale of pay and allowances, dietary, and hours of duty, leave and holidays, represent a fair average of what obtains for attendants and nurses in the service of Scottish Asylums. The service undoubtedly suffers from the absence of pensions, such as exist in the service of the corresponding Asylums in England and Ireland, and it is to be hoped that the inequality which exists in Scottish District Asylums in this respect will be remedied at no very distant date.

*Lectures on Nursing* have also been given to the Staff by me during the past and present winter in order to make their training more efficient, and to enable attendants and nurses to enter for the examination for the Mental Nursing Certificate of the Medico-Psychological Association, this being the recognised stamp of training in mental nursing in Britain. It is customary in Asylums to give extra pay to attendants and nurses who hold the Nursing Certificate, and I would suggest that this be done at Ayr in the form of a moderate bonus at Christmas time. Given in this form it will be appreciated more in the light of a reward, and will act as an inducement to those who do not possess the certificate "to go and do likewise." The special training of the Attendants and Nurses necessary to procure the Certificate increases their interest in their work, and their efficiency at it, and so secures for the Patients the full benefits of treatment.

The complement of the attendants' and nurses' staff is 60, viz., 30 attendants and 30 nurses. There are 24 of each on day duty, or a proportion of about 1 to every 11 patients (average number resident, 515). There are 6 attendants and 6 nurses on night duty, there being 5 observation wards or observation dormitories on either side of the house, each in charge of a night official, the chief night attendant and chief night nurse doing their respective rounds in the main buildings at regular intervals.

In carrying out the many administrative details affecting the patients and the servants and nursing staff, my acknowledgements are due to Miss Alison, the Matron, for her capable assistance, and also to Mr Carnegie, Head Attendant, for similar offices in the Men's Department.

### **The Accommodation, Structural Alterations, Improvements, and Additions.**

1. *The Accommodation.*—The Asylum was opened on the 28th July, 1869, with accommodation for 230 patients—115 of each sex. In 1873 the women's wards were full; in 1876 the men's wards also were full, and private patients, who had hitherto been admitted into the Asylum at rates of £32, £52, and £128 per annum, had to be removed to relieve the overcrowding by pauper

patients. This has been a hardship to the County ever since, its patients with slender or limited private means having had to seek Asylum accommodation elsewhere, or else to pocket their pride and come in as "Pauper Lunatics." In 1879 the first addition was made, consisting in the insertion of a storey above the corridors on each side of the kitchen which lead from the Administrative quarters (North) to the Patients' wards (No. 1 in each division, facing South). This addition was to serve as a dormitory for 28 patients of each sex. No addition was made to the day accommodation. The further history of the accommodation is a tale of constant crowding, of occasional mild outbreaks of diarrhoea and erysipelas, and of additions which were no sooner completed than they were found to barely supply existing requirements, and to make no provision for future growth. In 1886 the dining hall was enlarged southwards, in order to give the patients sufficient room at their meals, and the recreation hall above the dining hall was enlarged at the same time. In 1894 the day-room and dormitory accommodation was extensively increased by extending the south wings (No. II. Wards) southwards, by adding a large wing at the East and West extremities of the buildings (thus forming No. IV. Wards), and by erecting a separate Isolation Hospital for Infectious outbreaks, this consisting of two wards with 12 beds each. In 1899, thirty years after the opening, the last addition was made, taking the form of two separate villas for 52 patients of each sex, the villas being built after the admirable plan of those at Murthly Asylum in Perthshire. Enlargements of the Kitchen, Scullery, and Laundry were made about the same time, and a Matron's store was also provided. Overcrowding was already present in 1900 and has continued since. The Asylum population has risen 200 during the past 12 years. During this time also an increasing proportion of old and infirm and bedridden patients has been admitted, requiring accommodation of infirmary type, and this, combined with the modern treatment of acute insanity by enlightened hospital methods, has necessitated the utilization of day-rooms as day-room dormitories or "wards," and so has accentuated the disparity between the day and night accommodation in the main buildings which has existed ever since the first addition in 1879. At the present time there is in the Asylum official day accommodation for 424 patients, and official night accommodation for 525 patients, and this disparity of 101 between day and night space is entirely confined to the main buildings. Further, the deficiency in day accommodation especially affects those wards containing the old and infirm, the recent admissions and bodily sick, and the deteriorated patients.

Proposed New  
Hospital.

*New Hospital Scheme.*—Special Reports on "The Patients and their Accommodation in the Asylum" were submitted to the District Board by me in October, 1902, and January, 1903. These showed the classification of the patients into suitable



administrative groups, and their distribution throughout the Asylum to the best advantage as already described; also the General Board of Lunacy requirements as to floor space per patient, the result of the measurement of the accommodation as occupied by the various groups, and the deficiency of accommodation especially in the "Hospital" wards. After thoroughly considering three different schemes (two of which entailed additions to existing wards in the main buildings, without after all remedying the disparity between day and night accommodation), and after consulting the views of the General Board of Lunacy, the District Board decided to build a separate Hospital of 120 beds in which all the recent admissions, bodily ill, and old and infirm patients will be treated, thus freeing the main buildings of these cases and restoring the original equilibrium of day and night accommodation in them, and providing an Asylum which should serve the needs of the County for the next ten years. In Spring, 1903, I visited the Hospitals of 12 Scottish Asylums, and prepared a plan showing the accommodation that would be required. This was generally approved by the District and General Boards. The plans were advertised and thrown open to competition, Mr Sydney Mitchell of Edinburgh being appointed Assessor. The 5 sets of plans on the short list, out of 20 sets sent in by various architects, were measured by Messrs Morrison & Matheson of Glasgow, and the District Board selected the plans of Mr John B. Wilson of Glasgow. The Hospital will be the Reception House for all new admissions from the County; it will also provide accommodation for all inmates on the sick list; also for all the old and infirm and bedridden patients; and for phthisical cases, who will be isolated in the Infectious Annexes. Further, it will, along with the present Isolation Hospital, permanently serve the needs of the Asylum as regards Hospital Accommodation, however large the Asylum may become in the future, so long as the existing ideas in Scotland as to the proper size of an Asylum continue.

## 2. Lighting.

2. *Lighting*.—The District Board has decided after careful consideration to instal *Electric Light* in the Institution in place of gas, and Mr Maxwell Stewart of Glasgow, the expert consulted, is preparing the specifications. Nearly all Scottish Asylums have adopted Electric Lighting, in view of its being a better and more convenient illuminant than gas, cleaner and more sanitary, safer as regards fire, and more economical in the long run owing to the saving in painter work.

## 3. Fuel, Coals, and Cartage. Proposed Railway Siding and Railway to Boiler House.

3. *Fuel, Coals and Cartage*.—A Railway Siding off the Glasgow and South-Western Railway has been decided upon, and a field on the Rozelle Estate intervening between the Railway and the Asylum Estate has been acquired for the site, and for the purpose of laying possibly a railway to the boiler house. It is



estimated that the Siding will effect a considerable saving in the contracts for the New Hospital, and in the cartage of coal, etc., in the future. The Siding and Railway or other method of transport, should be pushed on with at once, so as not to delay the commencement of the New Hospital when the fine weather sets in, for the accommodation is already urgently required.

#### 4. Protection from Fire.

4. *Protection from Fire.*—The arrangements as to Fire Prevention and Extinction have been thoroughly overhauled, with the advice of Mr Pordage of the Edinburgh Fire Brigade, and are in process of execution.

(1.) *Alternative Exits* for the safe escape of the patients have been provided for wherever necessary, and the outside iron staircases from the upper floors are in process of construction. (2.) *Armour-lined Doors* have been erected so as to cut off the Administrative Centre from the Men's and Women's Divisions of the Main Buildings. (3.) *Appliances for Fire Extinction* have been replenished, fire buckets having been distributed throughout the Asylum, and fire hose with couplings and jet pipes having been attached to each internal hydrant. (4.) *The means of giving the alarm and of communicating* as to the site of conflagration are being perfected in connection with the Electric Lighting Scheme. There will be a night engineer, who will also act as night watchman; the signalling apparatus will be focussed to the Electric Station, at which also will be the Fire Station. A new hose cart with hose, couplings and jet pipes, and lamps, belts and other firemen's fittings have been added to the Fire Station. Regular Fire Drill is practised by the Brigade and Staff generally.

#### 5. Water Supply.

5. *Water Supply.*—The new 6in. water main on which the external hydrants are placed still leaks considerably, and as it is over 16 months since the pipes were begun to be laid, the continued leakage is very unsatisfactory and should be remedied at once.

#### 6. Sewage.

6. *Sewage.*—The Septic Tank for the bacterial treatment of the sewage, being too small to meet the needs of the Institution, is being enlarged, and sufficiently so to meet the requirements of the New Hospital.

#### 7. Enlargement of Stores.

7. *Enlargement of Stores.*—This became necessary owing to the growth of the Institution, and the old central bathroom for men patients in the administrative centre corresponding to that for women patients, which was converted into servants' quarters, was utilized for this purpose and converted into a store for clothes and boots, and the groceries', bread, meat, and crockery stores were more conveniently re-arranged. The baths from the old bathrooms have been removed to the Bathrooms and Lavatories of the Wards which most required them. The specifications for this work, as also for the mason, joiner, and iron work in connection with the Fire Exits, were prepared by Mr Morrison, Clerk of

Works, whose most careful and capable services to the Institution I much appreciate.

### The Farm and Garden.

During the past period the spheres of work of the two gardeners have been adjusted so as to secure concentration of attention upon special departments. The *Head Gardener*, Mr Crockatt, directly supervises the large garden for the supply of vegetables to the Institution, and also the farm, piggery, and woods. The vegetable supply is capable of improvement, and is improving. The ugly ditch extending alongside the farm road has been nearly wholly laid with large fireclay pipes and filled in, removing a danger and improving the roadway. On account of an outbreak of swine fever in July, 1902, an addition was made to the piggery for quarantining all pigs purchased in future. The manure heap at the piggery was at the same time shut off from the public eye and nose by an enclosing wall. The woods have been improved by clearing out the thick undergrowth and dead wood, and by judicious thinning here and there. The *Assistant Gardener* directly supervises the small garden for the cultivation of fruit and flowers for the house, also the ornamental and recreation grounds and shrubberies, and the Medical Superintendent's garden. These have been trimmed up all round, and look much tidier and neater, and more flowers are being supplied to the wards. The cricket pitch is being enlarged and levelled at the present time. A steelyard for weighing carts of coals, manure, straw, etc., has been placed near the Lodge Gates.

The possibility of future development of the Farm and Garden Department has already been referred to in connection with the Outdoor Employment of the Patients.

National  
Telephone

It now remains to be said that before the year 1903 expired, the Asylum was connected to the Ayr Exchange of the National Telephone.

Thanks.

To all officials of the institution who have loyally co-operated with me in the work of the past, my thanks and acknowledgments are due.

See Financial  
Tables.

To the Clerk and Treasurer, Mr James Ed. Shaw, I am also obliged for his kind assistance in preparing a summary under the "Providing Account" of the Total Expenditure on the Asylum since its origin. Taking the day and night accommodation of the Asylum at 460 (day accommodation for 424 patients at 30 square feet of floor space each, and night accommodation for 525 at 60 square feet of floor space each), the total cost per bed up to 15th May, 1903, works out at the moderate figure of £268.



For the confidence and support of the District Board during the period 1902-1903, I feel truly grateful.

I have the honour to be,

Mr Chairman and Gentlemen,

Your obedient Servant,

C. C. EASTERBROOK, M.D., F.R.C.P.Ed.,  
*Medical Superintendent.*





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MEDICAL  
STATISTICAL TABLES.

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GENERAL TABLE I.—The Movements of Population and Results of Treatment in the Asylum since its opening on the 28th July, 1869. Showing for each year of the Asylum, the Total Admissions, Discharges (Recovered, Relieved, Unimproved), and Deaths; the Total Numbers under Treatment, and the Average Numbers Daily Resident; the Recovery Rate, and the Death Rate; the numbers on the Asylum Register at the beginning of each year, and the numbers of each Year's Admissions remaining on the Asylum Register at the end of the Current Period (1st April, 1902, to 31st December, 1903).

YEARS.	Numbers on Asylum Register at beginning of each Year.			Admissions.			DISCHARGES.									Deaths.			Total Numbers under Treatment.			Average Number Daily Resident.			Recovery Rate (Percentage on Admissions)			Death Rate (Percentage on Average No. Resident).			Numbers of each Year's Admissions remaining on Asylum Register on 31st Dec., 1903.			YEARS.
	M.	F.	T.	M.	F.	T.	Recovered.			Relieved.			Unimproved.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
							M.	F.	T.	M.	F.	T.	M.	F.	T.																			
1869-70*	0	0	0	81	106	187	3	4	7	2	1	3	1	1	2	6	2	8	81	106	187	54·21	70·68	124·84	3·70	3·77	3·74	11·06	2·83	6·40	3	1	4	1869-70
1870-71	69	98	167	38	43	81	20	27	47	6	1	7	7	4	11	4	2	6	107	141	248	75·53	104·24	179·81	52·63	62·79	58·02	5·29	1·91	3·33	1	0	1	1870-71
1871-72	70	107	177	44	33	77	17	17	34	3	3	6	6	4	10	3	13	16	114	140	254	74·73	101·17	175·91	38·63	51·51	44·15	4·01	12·85	9·09	0	2	2	1871-72
1872-73	85	103	188	36	52	88	20	24	44	7	10	17	3	6	9	6	7	13	121	155	276	78·25	103·07	181·32	55·55	46·15	50·00	7·66	6·79	7·16	1	1	2	1872-73
1873-74	85	108	193	58	69	127	28	25	53	10	11	21	4	4	8	7	13	20	143	177	320	86·73	117·86	204·59	48·27	36·23	41·73	8·07	11·03	9·77	1	0	1	1873-74
1874-75	94	124	218	54	63	117	29	21	50	5	6	11	5	1	6	12	18	30	148	187	335	98·08	128·84	226·90	53·70	33·33	42·73	12·23	13·97	13·22	1	4	5	1874-75
1875-76	97	141	238	54	51	105	29	35	64	3	8	11	4	2	6	12	9	21	152	192	344	96·38	135·76	234·15	53·70	68·62	60·95	12·45	6·62	8·53	1	0	1	1875-76
1876-77	103	138	241	49	49	98	21	17	38	6	7	13	6	5	11	7	10	17	152	187	339	104·76	137·13	241·89	42·85	34·69	38·77	6·67	7·29	7·02	2	0	2	1876-77
1877-78	112	148	260	49	54	103	13	30	43	11	4	15	12	5	17	13	12	25	161	202	363	104·32	138·51	242·83	26·53	55·55	41·74	12·46	8·66	10·29	2	3	5	1877-78
1878-79	112	151	263	54	57	111	22	37	59	2	6	8	6	13	19	15	7	22	166	208	374	116·22	147·11	263·66	40·74	64·91	53·15	12·90	4·75	8·34	1	4	5	1878-79
1879-80	121	145	266	58	58	116	27	29	56	10	8	18	6	6	12	10	16	26	179	203	382	122·38	147·80	270·28	46·55	50·00	48·27	8·17	10·82	9·61	1	4	5	1879-80
1880-81	126	144	270	51	61	112	29	37	66	3	5	8	14	7	21	15	13	28	177	205	382	124·48	142·66	266·41	56·86	60·65	58·92	12·05	9·81	10·51	0	1	1	1880-81
1881-82	116	143	259	46	57	103	28	35	63	6	2	8	2	4	6	11	11	22	162	200	362	115·03	141·80	256·84	60·86	61·40	61·16	9·56	7·82	8·60	1	5	6	1881-82
1882-83	115	148	263	57	56	113	33	28	61	3	2	5	6	6	12	12	9	21	172	204	376	120·86	150·62	271·48	57·89	50·00	53·98	9·92	5·97	7·73	3	7	10	1882-83
1883-84	118	159	277	57	55	112	23	22	45	6	5	11	10	5	15	8	13	21	175	214	389	124·35	161·76	286·11	40·35	40·00	40·17	6·43	8·03	7·33	2	3	5	1883-84
1884-85	128	169	297	61	56	117	39	29	68	3	4	7	7	7	14	15	16	31	189	225	414	127·76	171·73	300·04	63·93	51·78	58·11	11·74	9·22	10·33	1	4	5	1884-85
1885-86	125	169	294	78	45	123	39	27	66	7	9	16	4	4	8	12	11	23	204	214	417	132·28	165·00	297·28	50·00	60·00	53·65	9·07	6·66	7·73	4	3	7	1885-86
1886-87	141	163	304	61	63	124	31	30	61	29	24	53	1	0	1	10	12	22	202	226	428	125·95	159·21	285·17	50·81	47·62	49·19	7·93	7·53	7·71	7	3	10	1886-87
1887-88	131	160	291	44	68	112	25	38	63	8	12	20	1	1	2	9	22	31	175	228	403	131·60	158·00	290·41	56·81	55·88	56·25	6·83	13·92	10·67	3	9	12	1887-88
1888-89	132	155	287	64	58	122	33	22	55	8	5	13	2	1	3	7	17	24	196	213	409	136·79	159·56	296·36	51·56	37·93	45·09	5·11	10·65	8·09	7	6	13	1888-89
1889-90	146	168	314	58	66	124	31	33	64	10	8	18	4	1	5	15	11	26	204	234	438	141·33	177·12	318·45	53·44	50·00	51·61	10·64	6·25	8·17	4	8	12	1889-90
1890-91	144	181	325	66	61	127	20	22	42	10	3	13	3	3	6	13	19	32	210	242	452	148·17	189·54	337·71	30·30	36·06	33·07	8·77	10·02	9·47	4	6	10	1890-91
1891-92	164	195	359	67	53	120	27	27	54	6	9	15	11	4	15	18	17	35	231	248	479	156·82	195·66	352·49	40·29	50·94	45·00	11·55	8·68	9·92	7	4	11	1891-92
1892-93	169	191	360	69	75	144	39	27	66	8	5	13	6	4	10	27	19	46	238	266	504	158·40	199·34	357·75	56·52	36·00	45·83	17·01	9·53	12·85	9	7	16	1892-93
1893-94	158	211	369	79	66	145	30	25	55	7	8	15	5	1	6	15	17	32	237	277	514	173·77	219·70	393·47	37·97	37·87	37·93	8·63	7·73	8·13	7	12	19	1893-94
1894-95	180	226	406	99	72	171	35	21	56	9	11	20	10	6	16	25	23	48	279	298	577	190·82	229·70	420·53	35·35	29·16	32·74	13·10	10·01	11·41	9	7	16	1894-95
1895-96	199	237	436	83	73	156	24	27	51	19	6	25	14	12	26	10	27	37	282	310	592	195·10	232·89	428·00	28·91	36·98	32·69	5·12	11·59	8·64	10	13	23	1895-96
1896-97	215	238	453	60	80	140	36	30	66	7	18	25	7	5	12	23	21	44	275	318	593	204·04	236·79	440·83	60·00	37·50	47·14	11·27	8·86	9·98	6	12	18	1896-97
1897-98	202	244	446	101	80	181	35	33	68	5	5	10	17	9	26	27	24	51	303	324	627	203·28	244·10	447·39	34·45	41·25	37·56	13·28	9·83	11·40	13	16	29	1897-98
1898-99	219	253	472	100	64	164	45	21	66	7	6	13	10	6	16	20	24	44	319	317	636	225·85	253·53	479·38	45·00	32·81	40·24	8·85	9·46	9·17	13	17	30	1898-99
1899-00	237	260	497	86	78	164	36	21	57	8	6	14	14	12	26	31	26	57	323	338	661	233·23	264·41	497·65	41·86	26·92	34·75	13·28	9·82	11·45	18	22	40	1899-00
1900-01	233	273	506	76	58	134	40	32	72	11	6	17	11	5	16	26	27	53	309	331	640	223·23	262·65	485·88	52·63	55·17	53·73	11·64	10·28	10·90	18	14	32	1900-01
1901-02	221	261	482	82	77	159	38	26	64	5	4																							

\* 1869-1870—Period of 8 months.

† 1902-1903—Period of 21 months.

Intervening years —Periods of 12 months.





GENERAL TABLE II.—Analysis of the Movements of Population and Results of Treatment in the Asylum for the current period (1st April, 1902, to 31st December, 1903).

	MALE	FFMALE	TOTAL
On 1st April 1902—			
Resident in Asylum, ... ..	225	272	497
Absent on Probation, ... ..	1	1	2
Total on Asylum Register, ... ..	226	273	499
Admissions during Period, viz. :—	131	117	248
Direct Admissions from County owing to onset of fresh attack of insanity, ... ..	113	104	217
Of whom { (a) First Admissions, ... ..	96	91	187
there were { (b) Readmissions of Previous Years, ...	15	10	25
{ (c) Readmissions of current Period, ...	2	3	5
N.B.—Persons (as distinguished from cases) directly admitted	111	101	212
Indirect Admissions of continuous cases of old standing	18	13	31
Of whom { (a) Admissions of former unrecovered cases not on Poor Roll, ...	2	5	7
there were { (b) Removals from rate-paid care in Private Dwellings, ...	2	0	2
{ (c) Transfers from Lunatic Wards of Poorhouses, ... ..	3	1	4
{ (d) Transfers from other Asylums in Scotland, ... ..	7	7	14
{ (e) Readmissions of current period, ...	4	0	4
N.B.—Persons indirectly admitted, ... ..	14	13	27
Total Cases under Treatment during Period, ... ..	357	390	747
N.B.—Persons under Treatment, ... ..	351	387	738
Discharges during Period, viz. :—	69	71	140
Direct Discharges or Recoveries, ... ..	50	48	98
Indirect Discharges or Non-Recoveries, viz.:—	19	23	42
Relieved (Improved), ... ..	18	22	40
Unimproved, ... ..	1	1	2
Of the Indirect { (a) Removals to care (Private or rate-paid) in Dwellings, ...	6	14	20
Discharges, or { (b) Transfers to Lunatic Wards of Poorhouses, .. ..	4	3	7
Unrecovered, { (c) Transfers to other Asylums in Scotland, ... ..	5	5	10
there were { (d) Discharges furth of Scotland (4 to Ireland, 1 to England), ...	4	1	5
I.B.—Persons discharged—Recovered, ... ..	49	47	96
Unrecovered, ... ..	12	22	41
Deaths during Period, ... ..	38	51	89
Total Cases Discharged and Died during Period, ... ..	107	122	229
On 31st December, 1903,			
Resident in Asylum, ... ..	250	266	516
Absent on Probation ... ..	0	2	2
Total on Asylum Register, ... ..	250	268	518
Average Number Resident Daily during period, .. ..	245	270	515
Recovery Rate during period—			
Percentage of Recoveries based on Total Admissions, ...	38·1 %	41·0 %	39·5 %
Percentage of Recoveries based on Total Admissions minus Transfers, ... ..	41·6 %	44·0 %	42·7 %
Percentage of Recoveries based on Direct Admissions (due to fresh attack of insanity), ... ..	44·24 %	46·15 %	45·15 %
Death Rate during period—			
Percentage of Deaths in 21 months based on Total Numbers under Treatment, ... ..	10·6 %	13·0 %	11·8 %
Percentage of Deaths in 12 months based on Average Daily Numbers Resident, ... ..	8·8 %	10·7 %	9·8 %



GENERAL TABLE III.—Showing the Monthly Incidence of the Admissions, Discharges, and Deaths during the current Period (1st April, 1902 to 31st December, 1903).

MONTH OF PERIOD.			ADMISSIONS.			DISCHARGES.			DEATHS.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
April,	1902,	...	9	9	18	2	1	3	3	1	4
May,	"	...	9	3	12	3	1	4	0	4	4
June,	"	...	6	7	13	3	4	7	1	1	2
July,	"	...	6	3	9	3	5	8	1	3	4
August,	"	...	8	4	12	2	4	6	1	3	4
September,	"	...	5	5	10	5	2	7	2	1	3
October,	"	...	4	6	10	3	3	6	0	0	0
November,	"	...	6	6	12	4	4	8	1	2	3
December,	"	...	5	4	9	1	7	8	0	2	2
January,	1903,	...	6	5	11	3	1	4	3	5	8
February,	"	...	4	5	9	3	1	4	0	2	2
March,	"	...	10	6	16	2	5	7	1	3	4
April,	"	...	4	4	8	8	6	14	2	1	3
May,	"	...	7	8	15	6	1	7	4	3	7
June,	"	...	8	4	12	3	3	6	1	4	5
July,	"	...	10	8	18	2	4	6	2	2	4
August,	"	...	7	9	16	3	3	6	1	2	3
September,	"	...	5	6	11	6	3	9	3	2	5
October,	"	...	4	8	12	3	6	9	3	4	7
November,	"	...	6	3	9	1	2	3	6	4	10
December,	"	...	2	4	6	3	5	8	3	2	5
Total Cases, ...			131	117	248	69	71	140	38	51	89

GENERAL TABLE IV.—Shewing the Chargeability to the various Parish Councils of Ayrshire (and elsewhere) of the Admissions, Discharges and Deaths during the current Period, and of those remaining on the Asylum Register on the 31st December, 1903.

AYR COUNTY PATIENTS (PARISHES, WITH POPULATION AT 1901 CENSUS).		ADMISSIONS.			DISCHARGES.			DEATHS.			REMAINING ON ASYLUM REGISTER ON 31ST DECEMBER, 1903.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ardrossan,	11,845	5	6	11	3	3	6	1	3	4	11	5	16
Auchinleck,	6605	2	2	4	1	1	2	0	1	1	10	8	18
Ayr,	31,537	28	13	41	11	10	21	12	8	20	52	53	105
Ballantrae,	1124	1	0	1	1	0	1	0	0	0	2	0	2
Barr,	581	0	0	0	0	0	0	0	0	0	1	0	1
Beith,	7523	6	2	8	5	2	7	2	1	3	7	10	17
Colmonell,	1954	0	2	2	0	2	2	0	0	0	1	3	4
Coylton,	2542	1	1	2	0	0	0	0	1	1	2	1	3
Craigie,	509	0	0	0	0	0	0	0	0	0	0	2	2
Dailly,	1673	1	2	3	0	0	0	1	0	1	1	3	4
Dalmellington,	5261	3	0	3	2	1	3	0	0	0	6	2	8
Dalry,	8212	3	3	6	0	1	1	1	1	2	11	6	17
Dalrymple,	1208	0	0	0	0	0	0	0	0	0	1	2	3
Dreghorn,	4332	1	4	5	0	1	1	2	1	3	1	6	7
Dundonald,	11,250	3	6	9	1	2	3	0	3	3	8	11	19
Dunlop,	1542	1	0	1	0	0	0	0	0	0	1	2	3
Fenwick,	1063	1	0	1	0	0	0	0	0	0	2	1	3
Galston,	6979	1	6	7	0	5	5	0	2	2	4	1	5
Girvan,	4872	3	1	4	3	1	4	0	2	2	8	8	16
Irvine,	6458	2	2	4	1	1	2	0	1	1	8	6	14
Kilbirnie,	7207	0	4	4	0	2	2	1	1	2	5	4	9
Kilmarnock,	33,142	22	22	44	12	11	23	3	8	11	34	36	70
Kilmaurs,	4549	5	0	5	3	2	5	1	0	1	2	0	2
Kilwinning,	8125	3	3	6	2	3	5	1	3	4	4	3	7
Kirkmichael,	1798	1	1	2	1	0	1	1	0	1	3	1	4
Kirkoswald,	1579	0	2	2	0	1	1	0	1	1	1	0	1
Largs,	5501	1	2	3	0	1	1	0	3	3	6	8	14
Loudoun,	8205	3	4	7	0	1	1	1	3	3	3	7	10
Mauchline,	2572	1	1	2	0	0	0	0	1	1	2	3	5
Maybole,	7889	0	2	2	1	2	3	2	2	4	1	16	17
Monkton and Prestwick,	3854	1	0	1	1	0	1	0	0	0	1	4	5
Muirkirk,	5670	7	3	10	4	1	5	3	2	5	7	6	13
New Cumnock,	5367	0	3	3	0	2	2	0	0	0	2	3	5
Ochiltree,	1932	1	0	1	0	0	0	0	0	0	3	5	8
Old Cumnock,	5144	0	2	2	0	1	1	0	0	0	3	9	12
Riccarton,	8080	6	2	8	2	0	2	3	1	4	8	6	14
Sorn,	3607	1	1	2	0	1	1	0	1	1	1	4	5
Stair,	1175	0	0	0	0	0	0	0	0	0	0	1	1
Stevenston,	9497	6	4	10	3	3	6	0	0	0	11	6	17
Stewarton,	3958	1	1	2	2	2	4	1	0	1	6	3	9
Straiton,	1016	0	0	0	0	0	0	1	0	1	4	3	7
Symington,	592	0	0	0	0	0	0	0	0	0	2	2	4
Tarbolton,	2961	1	1	2	0	1	1	0	0	0	3	3	6
West Kilbride,	2978	0	3	3	1	1	2	1	2	3	1	5	6
Out County Patients		9	6	15	9	6	15	0	0	0	0	0	0
Grand Totals,		131	117	248	69	71	140	38	51	89	250	268*	518*

\* Of whom two women were absent on Probation.

GENERAL TABLE V.—Showing Ratio of Insanity to Population in Ayrshire. (*N.B.*—Based mainly on figures and data in the 45th Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1903, and in the Registrar-General's Report on the 1901 Census for Scotland, Vols. I. to III.)

Population of Ayrshire at Census on 31st March, 1901, ... ..	254,468
Do. do., 31st March, 1891, ... ..	226,386
Increase of population of Ayrshire in the ten years, 1891 to 1901, ...	28,082
Average increase of population of Ayrshire in 1 year, say ... ..	2800
Total number of persons of Unsound Mind on 31st March, 1901, belonging to Ayrshire, whether private or pauper, and whether resident in the County or not (includes 746 persons officially known to General Board of Lunacy at date of 1901 census, and 224 not known to that Board, but returned at the 1901 census as "Lunatic, Imbecile, and Feeble-minded Persons"), ... ..	970
Proportion of persons of Unsound Mind belonging to Ayrshire on 31st March, 1901, per 100,000 of population, .. ...	381
Proportion of persons of Unsound Mind in all Scotland on 31st March, 1901, per 100,000 of population, ... ..	446
Position of Ayr on the list of the 33 Counties of Scotland, arranged according to the prevalence of mental unsoundness in them, .. ...	28th
Position of Ayr County similarly as regards prevalence of "Pauper Lunacy," ... ..	22nd
Number of Pauper Lunatics in Ayrshire known to the General Board of Lunacy on 1st January, 1901, ... ..	670
Proportion of Pauper Lunatics in Ayrshire on 1st January, 1901, per 100,000 of population on 1st January, 1901 (estimated at 253,800), ...	264
Number of Pauper Lunatics in Ayrshire known to the General Board of Lunacy on 1st January, 1903, ... ..	690
Proportion of Pauper Lunatics in Ayrshire on 1st January, 1903, per 100,000 of population on 1st January, 1903 (estimated at 260,000), ...	265
Proportion of Pauper Lunatics in Ayrshire in 1903, per 10,000 of population, ... ..	26·5
Proportion of Pauper Lunatics in Ayrshire in 1903, per 1,000 of population, ... ..	2·65

Given the population of each Parish in the County (corrected as per census rate of increase for County), it is possible from these figures to ascertain whether the number of Insane Patients chargeable to each Parish is above or below the average for the County.



ADMISSIONS TABLE I.—General Facts as to the 212 persons admitted directly from the District (County of Ayr) served by the Asylum during the current period, showing the Age and Sex correlated with the Marital State, Nationality, Religion, Education, and Occupation.

AGE AND SEX.		MARITAL STATE.				NATIONALITY.						RELIGION.					EDUCATION.						OCCUPATION.									
Age.	Sex.	Single.	Married.	Widowed.	Separated or Divorced.	Unknown.	English.	Scotch.	Irish.	Welsh.	Colonial and United States.	Foreign.	Unknown.	Episcopal.	Presbyterian.	Roman Catholic.	Non-Conformist.	Foreign.	Unknown.	Unable to Read or Write.	Able to Read only.	Moderate Education (e.g., Primary).	Good Education (e.g., Secondary).	Very good Education (e.g., Technical and Professional).	Unknown.	Professional.	Commercial.	Agricultural (and Fishing).	Industrial.	Domestic.	Unoccupied (and Unknown).	
Group I. (under 30 years).	M.	27	0	0	0	0	1	17	9	0	0	0	0	1	16	10	0	0	0	1	4	16	5	1	0	3	1	1	21	0	1	
	F.	8	3	0	1	0	1	10	1	0	0	0	1	1	9	1	0	0	1	0	1	7	3	1	0	1	0	1	2	8	0	
	Total, 39	35	3	0	1	0	2	27	10	0	0	0	1	2	25	11	0	0	1	1	5	23	8	2	0	4	1	2	23	8	1	
Group II. (from 30 to 60 years inclusive).	M.	38	32	3	0	1	1	61	12	0	0	0	0	1	60	11	0	0	2	4	8	51	6	3	2	2	2	14	5	51	0	2
	F.	25	36	3	2	0	3	51	11	0	0	1	0	1	58	6	0	0	1	5	3	51	3	2	2	1	0	0	2	8	49	6
	Total, 140	63	68	6	2	1	4	112	23	0	0	1	0	2	118	17	0	0	3	9	11	102	9	5	4	3	14	7	59	49	8	
Group III. (over 60 years).	M.	0	5	5	0	0	0	9	1	0	0	0	0	0	9	1	0	0	0	2	1	3	0	1	3	0	1	1	0	7	1	1
	F.	4	4	15	0	0	0	21	2	0	0	0	0	0	22	1	0	0	0	2	3	10	3	0	5	1	0	0	1	17	4	
	Total, 33	4	9	20	0	0	0	30	3	0	0	0	0	0	31	2	0	0	0	4	4	13	3	1	8	1	1	0	8	18	5	
Grand Totals, { M. 111 } 212 { F. 101 }		102	80	26	3	1	6	169	36	0	0	1	0	4	174	30	0	0	4	14	20	138	20	8	12	8	16	9	90	75	14	

ADMISSIONS TABLE II.—Etiology. Showing the Casual and Associated Factors (distinguished into Family or Hereditary, and Personal Factors), of the insanity in the 212 Persons admitted directly from the District during the current period.

CAUSAL AND ASSOCIATED FACTORS OF INSANITY.						
A. HEREDITARY FACTORS (FAMILY TENDENCIES).		Collateral (affecting brothers, sisters, uncles, aunts, &c.)	Direct (affect ing parents, grandpar- ents, &c.)	Both (that is, both collateral and direct.	Total inci- dence of heredities	Total incidence of Fac- tors in Persons ad- mitted with distinct new attack of insanity
i. Psychosis (insanity, weak-mindedness, eccentricity), ...		33	16	14	63	M. 35 F. 28 T. 63
ii. Neurosis (Nervousness, Hysteria, Epilepsy, &c.), ...		5	3	2	10	6 10
iii. Paralysis (Apoplexy, and other "gross" nervous diseases		2	5	2	9	7 9
iv. Metabolic Diseases (Rheumatism, Gout, Diabetes, &c.)...		3	5	1	9	7 9
v. Malignant Disease (Carcinoma and Sarcoma), ...		1	5	0	6	2 4 6
vi. Infectious Disease (Tubercle, Syphilis, Malaria, &c.), ...		17	5	4	26	17 9 26
vii. Other Diseases, e.g. of heart, kidneys, &c., ...		0	6	1	7	5 2 7
viii. Alcoholism in Family, ...		5	5	5	15	11 4 15
ix. Immorality, Vice, Crime, Pauperism, &c., ...		2	2	4	8	6 2 8
x. Parents Consanguineous, ...						
xi. Family History stated to be Healthy, ...						22 24 46
xii. Family History imperfectly known to informants, ...						5 5 10
xiii. Family History unascertainable, ...						18 18 36



ADMISSIONS TABLE II.—ETIOLOGY.—(Continued).

B. PERSONAL FACTORS (PERSONAL HISTORY AND STATE ON ADMISSION).					Total incidence of Factors in Persons admitted with distinct new attack of insanity			Instances in which re- garded as the chief or essential Factor in producing attack of Insanity.		
					M.	F.	T.	M.	F.	T.
i. <i>Psychoses</i> —										
i.a	Congenital Mental Defects and Errors (including Deaf Mutism),				5	3	8	3	1	4
i.b	“Acquired” Insane Constitution, without definite Previous Attack, ..				11	9	20	8	4	12
i.c	Previous attacks of Insanity, viz.;—				30	31	61	...	...	...
Persons with 1 Previous Attack,...					17	22	39			
Do, 2 Previous Attacks, ...					5	4	9			
Do. 3 do. ...					5	3	7			
Do. more than 3 Previous Attacks, ...					4	2	6			
First Attack under 30 years of age, ...					15	15	30			
Do. between 30 and 60 years of age (inclusive),					13	15	28			
Do. over 60 years of age, ...					2	1	3			
ii. <i>Neuroses</i> —										
ii.a	Neurotic Constitution,...				...	...	...	...	...	...
ii.b	Epilepsy ...				...	...	...	...	...	...
ii.c	Hysteria, ...				...	...	...	...	...	...
iii. <i>Paralyses</i> —										
iii.a	General Paralyses (N.B.—History of Syphilis in 7 male general paralytics),				...	...	...	...	...	...
iii.b	Cerebral Apoplexy and Embolism, ...				...	...	...	...	...	...
iii.c	Peripheral Neuritis, and other Gross Nervous lesions, ...				...	...	...	...	...	...
iv- <i>Metabolic Diseases</i> —										
iv.a	Chronic Rheumatism, ...				...	...	...	...	...	...
iv.b	Gout, Diabetes, Obesity, &c.,...				...	...	...	...	...	...
v. Malignant New Growths (Carcinoma and Sarcoma)—										
vi. <i>Chronic Infections</i> —										
vi.a	Tuberculosis (including Phthisis),				...	...	...	...	...	...
vi.b	Syphilis—(Congenital, M. 0, F. 0, T. 0; Acquired, M. 11, F. 0, T. 11,				...	...	...	...	...	...
vi.c	Malaria, and other chronic infections,				...	...	...	...	...	...
vii.	<i>Acute Infections</i> ( <i>Fevers, &amp;c.</i> ),				...	...	...	...	...	...
vii.a	Influenza,				...	...	...	...	...	...
vii.b	Rheumatic Fever, Erysipelas, Sepsis, and other acute infections,				...	...	...	...	...	...
viii. <i>Traumata</i> ...										
viii.a	Mechanical, e.g., injuries to head, &c., surgical and dental operations, &c.,...				...	...	...	...	...	...
viii.b	Physical (Heat, Electricity, &c.), e.g., sunstroke,				...	...	...	...	...	...
ix. <i>Other Bodily Diseases and Morbid Phenomena</i> , viz. of—										
ix.a	Skin, viz., eruptions, boils, and abscesses,				...	...	...	...	...	...
ix.b	Subcutaneous Fat, viz., Emaciation (20), Obesity (0), &c.,				...	...	...	...	...	...
ix.c	Bones, Joints and Muscles, e.g., Curvature of Spine, Talipes, &c.,				...	...	...	...	...	...
ix.d	Blood Glands and Blood, viz., Anæmia (30), Goitre (2), &c.,				...	...	...	...	...	...
ix.e	Circulatory Organs, viz., Heart Disease, Arterial Degeneration, &c.,				...	...	...	...	...	...
ix.f	Respiratory Organs, viz., Bronchitis, Emphysema, &c.,				...	...	...	...	...	...
ix.g	Alimentary Organs, viz., Dyspepsia and Biliousness (15), Hernia (8), &c.,				...	...	...	...	...	...
ix.h	Urinary Organs, viz., Albuminuria (22), and other Urinary Disorders (26),				...	...	...	...	...	...
ix.i	Generative Organs, viz., Organic Diseases (8), Menstrual Disorders (7),				...	...	...	...	...	...
x. <i>Epochal and Reproductive Crises</i> —										
x.a	Puberty and Adolescence,				...	...	...	...	...	...
x.b	Pregnancy,				...	...	...	...	...	...
x.c	Childbirth and Puerperium,				...	...	...	...	...	...
x.d	Lactation,...				...	...	...	...	...	...
x.e	Climacteric,				...	...	...	...	...	...
x.f	Senility,				...	...	...	...	...	...
xi. <i>Unhealthy Modes of Life</i> —										
xi.a	Want of Food and Drink, Privation and Poverty, ...				...	...	...	...	...	...
xi.b	Over-eating, Luxurious Living, and want of exercise,				...	...	...	...	...	...
xi.c	Poisoning by Lead, &c., in food or drink, or at occupations,				...	...	...	...	...	...
xi.d	Drug-habits, e.g., morphinism, cocaineism. &c.,				...	...	...	...	...	...
xi.e	Alcoholic Excess,				...	...	...	...	...	...
xi.f	Sexual Excess and Perversion,...				...	...	...	...	...	...
xi.g	Immorality, Vice, Crime, Uncleanliness, Idleness, Vagrancy, &c.,				...	...	...	...	...	...
xi.h	Overwork and want of rest, sleep, recreation, sunlight and fresh air,				...	...	...	...	...	...
xii. <i>Mental Factors</i> ( <i>Emotional Strains and Crises</i> )—										
xii.a	Solitude—prolonged or sudden confinement,				...	...	...	...	...	...
xii.b	Loss of Friends—prolonged or sudden bereavement,				...	...	...	...	...	...
xii.c	Financial Worry and Anxiety or Disaster,				...	...	...	...	...	...
xii.d	Business Worry and Anxiety or Disaster,				...	...	...	...	...	...
xii.e	Religious Affairs, e.g., problems and revivals,				...	...	...	...	...	...
xii.f	Love Affairs, e.g., engagements and disappointments,				...	...	...	...	...	...
xii.g	Marriage Affairs, e.g., connubial shock, marital incompatibility or infidelity,				...	...	...	...	...	...
xii.h	Family and Domestic Worry and Anxiety or Affliction,				...	...	...	...	...	...
xii.i	Social Worry and Anxiety, or Degradation,				...	...	...	...	...	...
xii.j	Political and National movements or crises,				...	...	...	...	...	...
xii.k	Sudden Severe Nervous Shock or intense mental emotion, e.g., fright,				...	...	...	...	...	...
Personal Factors imperfectly known,					...	...	...	...	...	...
Personal Factors unascertained or unascertainable,					...	...	...	...	...	...
Total Persons ( <i>directly admitted</i> ),					...	...	...	...	...	...
					111	101	212	111	101	212





the 212 persons admitted directly from the District during the current period.

VARIETIES OF INSANITY.	Correlated with			FORMS OF INSANITY.											
				Melancholia.		Mania.		Hallucinatory and Delusional Insanity.		Confusional and Delirious Insanity.		Stupor.		Dementia (Terminal).	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Congenital Insanity (viz., Congenital Imbecility),	3	1	4	1	...	1	2	...	...	1	...	...	...	...	...
Insane Diathesis,	8	4	12	1	1	2	2	5	1	...	...	...	...	...	...
Epileptic Insanity,	4	3	7	...	...	1	2	...	...	...	...	...	...	...	...
Hysterical Insanity,	0	2	2	...	...	...	2	...	...	...	...	...	...	...	...
Paralytic Insanity,	2	1	3	...	1	...	...	1	...	...	...	1	...	...	...
General Paralysis,	8	1	9	1	1	...	...	1	...	...	...	3	...	...	...
Syphilitic Insanity,	2	...	2	2	...	1	1	1	...	...	...	...	...	...	...
Influenzic Insanity,	3	1	4	...	1	1	1	...	...	...	...	...	...	...	...
Traumatic Insanity,	2	1	3	...	...	1	1	1	...	...	...	...	...	...	...
Pubescent Insanity,	1	1	2	...	...	1	1	...	...	...	...	...	...	...	...
Adolescent Insanity,	16	18	34	...	4	8	1	5	4	1	...	2	2	...	...
Gestational Insanity,	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...
Puerperal Insanity,	...	5	5	...	1	...	3	...	...	...	1	...	...	...	...
Lactational Insanity,	...	7	7	...	...	...	5	...	2	...	...	...	...	...	...
Climacteric Insanity,	...	13	18	2	2	...	4	1	5	...	...	...	2	...	...
Senile Insanity,	...	6	32	1	3	3	16	25	4	...	...	...	...	2	3
Alcoholic Insanity,	...	44	55	2	1	13	3	...	6	3	1	1	...	...	...
Idiopathic Insanity,	...	7	10	6	2	...	1	1	...	...	...	...	...	...	...
Unclassified, ...	...	2	2	...	1	...	...	...	...	...	...	...	1	...	...
Totals, ...	111	101	212	16	19	37	48	40	22	6	3	8	5	4	4
	212 Persons.	35	85	62	9	13	8								

ADMISSIONS TABLE IV.—Shewing Suicidal and Homicidal tendencies before admission in the 212 persons admitted directly from the District during the current period, distinguishing between threats and attempts.

<b>Suicide.</b>						M.	F.	T.
Meditated or Threatened, ... ..						22	13	35
Attempted, by :—								
Cut-throat, ... ..						4	4	8
Precipitation from a height, ... ..						2	5	7
Poisoning, ... ..						2	3	5
Drowning, ... ..						1	3	4
Self-Mutilation, ... ..						3	0	3
Hanging, ... ..						0	1	1
Strangulation, ... ..						0	1	1
Precipitation before a Train, ... ..						1	1	2
Precipitation before a Lorry, ... ..						1	0	1
Totals, ... ..						36	31	67

<b>Homicide.</b>						M.	F.	T.
Threatened, ... ..						30	12	42
Attempted, by Assaults with Violence, ... ..						20	12	32
Totals, ... ..						50	24	74



ADMISSIONS TABLE V.—Showing the Duration of the Insanity on Admission correlated with the Grade or Degree of the Insanity and with the State of the Bodily Health, in the 212 persons admitted directly from the District during the current period.

DURATION OF THE INSANITY ON ADMISSION.	SEX.	GRADE OR DEGREE OF THE INSANITY.			STATE OF THE BODILY HEALTH.			
		1st CLASS. Mild (or Simple), <i>e.g.</i> , mild de- pression or exaltation or excitement.	2nd CLASS, Moderate, <i>e.g.</i> , preceding more marked, or presence of hallucination or delusion or confusion or slight stupor.	3rd CLASS. Severe (or Intense) <i>e.g.</i> , preceding still more marked, or presence of enfeeblement.	1st CLASS. Fair, <i>e.g.</i> , bodily health not specially below par, and no local disease or injury of consequence.	2nd CLASS. Poor, <i>e.g.</i> , bodily health below par, or some localised disease or injury of distinct significance.	3rd CLASS. Weak, <i>e.g.</i> , bodily health much below par, or some localised disease or injury of serious significance.	Moribund.
1st Class. Recent (or Acute) (Under 6 months).	M.	18	46	23	34	34	18	1
	F.	12	30	25	25	21	20	1
	T.	30	76	48	59	55	38	2
2nd Class. Sub-Acute (6 months to 2 years).	M.	1	9	8	6	6	6	0
	F.	2	12	6	3	10	7	0
	T.	3	21	14	9	16	13	0
3rd Class. Chronic (over 2 years)	M.	0	3	8	1	4	6	0
	F.	3	4	2	2	4	3	0
	T.	3	7	10	3	8	9	0
Totals, ...	212	36	104	72	71	79	60	2
Duration Unknown,	M.	0	0	0	0	0	0	0
	F.	0	0	0	0	0	0	0
Grand Total, M., 111; F., 101	212	36	104	72	71	79	60	2

ADMISSIONS TABLE VI.—Prognosis. Showing the prospect as to Mental Recovery on Admission, in the 212 persons admitted directly from the District during the current period.

PROGNOSIS.						M.	F.	T.
1st Class—Good,	...	...	...	...	...	63	31	94
2nd Class—Doubtful,	...	...	...	...	...	34	54	88
3rd Class—Bad,	...	...	...	...	...	14	16	30
Totals,	...	...	...	...	...	111	101	212

DISCHARGES TABLE I.—Diagnosis. Showing the Varieties of Insanity correlated with the Forms of Insanity in the 96 persons discharged recovered during the current period.

VARIETIES OF INSANITY.	Correlated with			FORMS OF INSANITY.							
				Melan- cholia.		Mania.		Hallucinatory and Delusional Insanity.		Stupor.	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.
Recurrent Insanity, ...	2	3	5	...	...	2	3	...	...	...	...
Hysterical Insanity, ...	0	1	1	...	...	...	1	...	...	...	...
Syphilitic Insanity, ...	2	0	2	...	...	1	...	1	...	...	...
Influenzie Insanity, ...	0	1	1	...	1	...	...	...	...	...	...
Pubescent Insanity, ...	1	0	1	...	...	1	...	...	...	...	...
Adolescent Insanity, ...	10	7	17	2	1	5	6	2	...	1	...
Gestational Insanity, ...	...	1	1	...	1	...	...	...	...	...	...
Puerperal Insanity, ...	...	7	7	...	4	...	3	...	...	..	...
Lactational Insanity, ...	...	5	5	...	1	...	3	...	1	...	...
Climacteric Insanity, ...	3	14	17	...	9	1	3	2	2	...	..
Senile Insanity, ...	1	3	4	...	1	1	2	...	...	...	...
Alcoholic Insanity, ...	25	2	27	2	...	13	1	10	1	...	...
Idiopathic Insanity, ...	5	3	8	4	2	...	1	1	...	...	...
Grand Totals, ...	49	47	96	8	20	24	23	16	4	1	0
	96 Persons.			28		47		20		1	



DISCHARGES TABLE II.—Showing the Total duration of the attack of Insanity correlated with the Age on Recovery, in the 96 persons who recovered during the current period.

[illegible]

DEATHS TABLE I.—Showing the Causes of Death, Sex, Average Age at Death, and number of Post Mortem Examinations made in the case of the 89 persons who died during the current period.

CAUSES OF DEATH.	No. of Deaths and Sex.			Average Age at Death.		No. of Post Mortem Examinations.		
	M.	F.	T.	M.	F.	M.	F.	T.
i. <i>General Diseases</i> —								
Influenza, ... ..	...	1	1	...	62	...	1	1
Lobar Pneumonia, ... ..	4	6	10	58	61	3	5	8
Broncho-Pneumonia, ... ..	2	1	3	55	21	1	...	1
Septic Pneumonia, ... ..	3	...	3	64	...	1	...	1
Erysipelas, ... ..	1	1	2	32	64	...	...	...
Tuberculosis Pulmonalis, ... ..	6	8	14	38	43	4	6	10
Acute Rheumatism, ... ..	...	1	1	...	37	...	1	1
Carcinoma of Stomach, ... ..	...	1	1	...	68	...	1	1
Congenital Imbecility with Atrophy of Heart, ... ..	...	1	1	...	33	...	1	1
Senile Decay, ... ..	...	3	3	...	78	...	...	...
ii. <i>Diseases of External Organs</i> — viz., Skin, Fat, Bones, Joints, Muscles,	...	...	...	...	...	...	...	...
iii. <i>Diseases of Haemopoietic Organs</i> — viz., Lymph and Blood Glands, and Blood, ... ..	...	...	...	...	...	...	...	...
iv. <i>Diseases of Nervous System</i> —								
General Paralysis, ... ..	10	1	11	44	28	8	1	9
Exhaustion from Mania (Purperal), ... ..	...	1	1	...	26	...	...	...
Exhaustion from Mania (Alcoholic), ... ..	...	1	1	...	63	...	1	1
Exhaustion from Melancholia (Climacteric)	1	1	2	60	42	1	1	2
Epilepsy, ... ..	2	4	6	44	42	1	3	4
Cerebral Haemorrhage, ... ..	4	4	8	66	60	3	3	6
Cerebral Embolism, ... ..	...	1	1	...	73	...	1	1
v. <i>Diseases of Circulatory Organs</i> —								
Fatty Degeneration of Heart, ... ..	...	8	8	...	65	...	6	6
Valvular Disease of Heart, ... ..	2	2	4	65	51	2	2	4
Endocarditis, ... ..	...	1	1	...	40	...	1	1
Chronic Myocarditis and Fatty Degeneration with sudden rupture, ... ..	...	1	1	...	61	...	1	1
vi. <i>Diseases of Respiratory Organs</i> —								
Chronic Bronchitis with Emphysema, ...	1	2	3	71	74	1	...	1
vii. <i>Diseases of Alimentary Organs</i> —								
Obstruction of Bowels (from old peritoneal adhesions,) ... ..	1	...	1	34	...	1	...	1
Enteritis, with cirrhosis of liver and spleen, ... ..	...	1	1	...	37	...	1	1
viii. <i>Diseases of Urinary Organs</i> —								
Chronic Nephritis with Uraemia, ...	1	...	1	53	...	1	...	1
ix. <i>Diseases of Generative Organs</i> —	...	...	...	...	...	...	...	...
x. <i>Injuries (accident or violence)</i> —	...	...	...	...	...	...	...	...
Totals, ... ..	38	51	89	52.6	51.3	27	36	63

DEATHS TABLE II.—Shewing the Duration of the Insanity before Admission, the length of Residence in the Asylum, and the Total Duration of the Insanity, in the 89 persons who Died during the current period.

PERIOD.	Duration of Insanity before Admission.			Length of Residence in Asylum.			Total Duration of Insanity.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 week, ... ..	7	8	15	1	2	3	0	0	0
1 week and under 1 month,	3	8	11	0	4	4	0	2	2
1 month „ 3 months,	8	10	18	3	3	6	4	3	7
3 „ „ 6 „	4	10	14	5	5	10	2	6	8
6 „ „ 9 „	4	1	5	5	2	7	1	2	3
9 „ „ 1 year,	2	1	3	0	6	6	0	2	2
1 year „ 2 years,	5	4	9	9	9	18	8	15	23
2 „ „ 3 „	1	1	2	1	5	6	8	3	11
3 „ „ 4 „	1	0	1	4	0	4	2	1	3
4 „ „ 5 „	0	0	0	2	3	5	3	2	5
5 „ „ 10 „	1	0	1	5	7	12	5	4	9
10 „ „ 15 „	1	0	1	1	4	5	1	2	3
15 „ „ 20 „	0	3	3	1	1	2	2	0	2
20 „ „ 30 „	0	3	3	1	0	1	1	3	4
30 „ „ 40 „	1	1	2	0	0	0	1	5	6
40 „ „ 50 „	0	1	1	0	0	0	0	1	1
Totals, ... ..	38	51	89	38	51	89	38	51	89



REMAINDER TABLE I.—Showing the Diagnosis of the Insanity in the 516 Patients Resident in the Asylum on the 31st December, 1903.

	M.	F.	T.
A. <i>Congenital Insanity (Idiocy and Imbecility)</i> , ... ..	18	11	29
B. <i>Acquired Insanities</i> —			
Melancholia, ... ..	15	19	34
Mania, ... ..	53	63	116
Hallucinatory and Delusional Insanity, ... ..	50	42	92
Confusional and Delirious Insanity, ... ..	8	4	12
Stupor, ... ..	7	5	12
Dementia, ... ..	99	122	221
Totals, ... ..	250	266	516

of the above, there were 43 Epileptics (M. 33, F. 10) and 8 General Paralytics (M. 5, F. 3.)

REMAINDER TABLE II.—Showing the Total Duration of the Insanity in the Patients Resident on the 31st December, 1903.

	M.	F.	T.
<i>1st Class.</i> —Recent or Acute (under 6 months), ... ..	15	16	31
<i>2nd Class.</i> —Sub-Acute (6 months to 2 years), ... ..	45	36	81
<i>3rd Class.</i> —Chronic (over 2 years), ... ..	190	214	404
Totals, ... ..	250	266	516

REMAINDER TABLE III.—Showing the Prognosis as to Mental Recovery or Improvement in the 516 Patients Resident on the 31st December, 1903.

	M.	F.	T.
<i>Prognosis</i> —			
Recoverable, ... ..	25	13	42
Improvable, ... ..	95	63	118
Incurable, ... ..	166	190	356
Totals, ... ..	250	266	516



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DIETARY AND INDUSTRIAL  
TABLES.

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DIETARY TABLE.—AYR DISTRICT ASYLUM DIETARIES.

PATIENTS' ORDINARY DIET. (M—Men Patients; W—Women Patients.)					OFFICIALS' ORDINARY DIETARY. (M—Attendants and Tradesmen; W. Nurses and Servants.)				
DAY OF WEEK.	BREAKFAST— 8.15 to 8.35 a.m.	DINNER— 1.30 to 2 p.m.	TEA, 6.30. to 6.50 p.m.		BREAKFAST—7.15 to 8 a.m. (Two Tables). (NIGHT STAFF, 7.15 to 7.35 a.m.)	DINNER—12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	TEA—5.30 to 6.30 p.m. (Two Tables). (NIGHT STAFF, 7.30 to 7.50 p.m.)	SUPPER—8 to 10 p.m. (NIGHT STAFF, 11.30 p.m. to 11.45 a.m.)	
MONDAY.	Porridge. M. 30 oz., W. 20 oz. Sweet Milk 10 oz. W h e a t e n Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, 5/16 oz. Tea, 10 oz.	Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup; 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. W h e a t e n Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. (Lettuce and Cress in sea- son),		Porridge, M. 30oz W. 20 oz. Sweet Milk, 10oz. Wheaten Bread, M. 8oz., W. 6oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10oz. Omelet, 2 $\frac{1}{2}$ oz.	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice, Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{3}{8}$ oz. Cheese, 1 oz. (Lettuce and Cress in sea- son.)	Milk 10 oz. W h e a t e n Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{3}{4}$ oz. Salt Butter, $\frac{1}{4}$ oz.	
TUESDAY.	Do., with Coffee, 10 oz., instead of Tea.	Bread, M. 4 oz. W. 3 oz. Lentil Soup, 20 oz. Preserved Mutton or Beef, M. 4oz., W. 3oz. Potatoes, 10 oz., and Fresh Vegetables, 4oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Do.		Do., with Pre- served Beef, 3oz. instead of Omelet	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz. and Fresh Vegetables, 6 oz.	Do.	Do.	
WEDNESDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding, with Milk, 4 oz.	Do.		Do. with Mince Patties (2 oz. Mince Meat, Flour and Bread Crumbs), instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoul- der, fresh, uncooked with bone), M. 16 oz., W. 12 oz. Potatoes 12 oz. Pudding.	Do.	Do.	
THURSDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 6 oz., W. 5 oz. Potatoes, 6 oz., and Fresh Vegetables 4oz.	Do.		Do. with Pre- served Mutton, 3 oz. instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Do.	Do.	
FRIDAY.	Do., as on Monday,	Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 12 oz., W. 10 oz.; or dried, M. 6 oz., W. 5 oz. Potatoes, 12 oz.	Do.		Do., with an egg instead of Omelet	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz. or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Do.	De.	
SATURDAY.	Do., as do Tuesday.	Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Beef or Mutton, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz).	Do.		Porridge, M. 30 oz., W. 20 oz Sweet Milk, 10oz. Bread, M. 8oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Fish, fresh, dress- ed, M., 8 oz., W. 6 oz.; or dried, M. 4oz., W. 3 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Shep- herd's Pie; or as Meat Pie (in this case, Potatoes, 8 oz).	Do.	Do.	
SUNDAY.	Bread, M. 8oz. W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. Cheese, 1 oz. Cocoa, 20 oz.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding, with Milk, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Syrup, 1 $\frac{1}{2}$ oz.		Bread, M. 8 oz. W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Sausages, 4 oz., or Liver, 2 oz., and Bacon, 2 oz. Tea or Coffee, or Cocoa, 20 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef, fresh, uncooked with bone, M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{3}{4}$ oz. Marmalade or Jam or Jelly or Syrup, $\frac{1}{2}$ oz.	Do.	



DIETARY TABLE.—AYR DISTRICT ASYLUM DIETARIES.

PATIENTS' ORDINARY DIET. (M—Men Patients ; W—Women Patients.)				OFFICIALS' ORDINARY DIETARY. (M—Attendants and Tradesmen ; W. Nurses and Servants.)			
DAY OF WEEK.	BREAKFAST— 8.15 to 8.35 a.m.	DINNER— 1.30 to 2 p.m.	TEA. 6.30. to 6.50 p.m.	BREAKFAST—7.15 to 8 a.m (Two Tables). (NIGHT STAFF, 7.15 to 7.35 a.m.)	DINNER—12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	TEA—5.30 to 6.30 p.m. (Two Tables). (NIGHT STAFF, 7.30 to 7.50 p.m.)	SUPPER—8 to 10 p.m. (NIGHT STAFF, 11.30 p.m. to 11.45 a.m.)
MONDAY.	Porridge. M. 30 oz., W. 20 oz. Sweet Milk 10 oz. W h e a t e n Bread, M. 4 oz.; W. 3 oz. Salt Butter, $\frac{1}{4}$ oz. Or Margarine, $\frac{5}{16}$ oz. Tea, 10 oz.	Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup; 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. W h e a t e n Bread, M. 8 oz., W. 6oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. Lettuce and Cress in season,	Porridge, M. 30oz W. 20 oz. Sweet Milk, 10oz. Wheaten Bread, M. 8oz., W. 6oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10oz. Omelet, 2 $\frac{1}{2}$ oz.	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice, Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Cheese, 1 oz. (Lettuce and Cress in season.)	Milk 10 oz. W h e a t e n Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz.
TUESDAY.	Do., with Coffee, 10 oz., instead of Tea.	Bread, M. 4 oz. W. 3 oz. Lentil Soup, 20 oz. Preserved Mutton or Beef, M.4oz., W.3oz. Potatoes, 10 oz., and Fresh Vegetables, 4oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Do.	Do., with Preserved Beef, 3oz. instead of Omelet	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz. and Fresh Vegetables, 6 oz.	Do.	Do.
WEDNESDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding, with Milk, 4 oz.	Do.	Do. with Mince Patties (2 oz. Mince Meat, Flour and Bread Crumbs), instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoulder, fresh, uncooked with bone), M. 16 oz., W. 12 oz. Potatoes 12 oz. Pudding.	Do.	Do.
THURSDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 6 oz., W. 5 oz. Potatoes, 6 oz. and Fresh Vegetables 4oz.	Do.	Do. with Preserved Mutton, 3 oz. instead of Omelet.	Milk, 10 oz. bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Do.	Do.
FRIDAY.	Do., as on Monday,	Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 12 oz., W. 10 oz.; or dried, M. 6 oz., W. 5 oz. Potatoes, 12 oz.	Do.	Do., with an egg instead of Omelet	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz. or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Do.	De.
SATURDAY.	Do., as do Tuesday.	Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Beef or Mutton, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz).	Do.	Porridge, M. 30 oz., W. 20 oz Sweet Milk, 10oz. Bread, M. 8oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Fish, fresh, dressed, M., 8 oz.; or dried, M. 4oz., W. 3 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Shepherd's Pie; or as Meat Pie (in this case, Potatoes, 8 oz).	Do.	Do.
SUNDAY.	Bread, M. 8oz. W. 6 oz. Salt Butter, $\frac{1}{2}$ Or Margarine, $\frac{5}{8}$ oz. Cheese, 1 oz. Cocoa, 20 oz.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding, with Milk, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Syrup, 1 $\frac{1}{2}$ oz.	Bread, M. 8 oz. W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Sausages, 4 oz., or Livers, 2 oz., and Bacon, 2 oz. Tea or Coffee, or Cocoa, 20 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef, fresh, uncooked with bone, M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Marmalade or Jam or Jelly or Syrup, $\frac{3}{4}$ oz.	Do.



INDUSTRIAL TABLE I.—Showing Average Numbers of Working Patients and the Valuation of their Labour, during the Financial Year 16th May, 1902, to 15th May, 1903.

CLASSIFICATION OF WORKING PATIENTS.	Average Number Working Daily.	Average Value of Labour per Head per Diem.	Average Number of Working Days per Annum.	Total Value of Labour of Patients per Annum.
<i>—Men's Department (Average No. Daily Resident, 243)—</i>				
i. Farm and Garden Workers (Garden, Grounds, Farm, Woods), ...	69	10d	313	£ s. d. 899 17 6
ii. Stokers and Coalmen (Boiler House, &c.), ...	3	1/-	365	54 15 0
iii. Joiners and Painters (Joiners' Workshop), ...	2	1/3	313	39 2 6
iv. Shoemakers and Upholsterers (Shoemakers' Workshop), ...	2	8d	313	20 17 4
v. Tailors (Tailors' Workshop), ...	2	8d	313	20 17 4
vi. Baker (Bakery), ...	1	10d	313	13 0 10
vii. 3 Storekeepers, 2 Clerks, 1 Messenger (Stores, Office, &c.), ...	6	10d	313	78 5 0
viii. Houseworkers (Wards), ...	65	3d	365	296 11 3
Totals, ...	150			1423 6 9
150 Working Men Patients out of 243 Residents = 61·7 %				
£1423 6s 9d ÷ 150 = £9 9s 9d (Average Value of Labour per Patient per annum).				
<i>—Women's Department (Average No. Daily Resident, 271)—</i>				
i. Houseworkers (Wards and Administrative Quarters), ...	60	3d	365	£ s. d. 273 15 0
ii. Knitters (Wards and Workrooms), ...	28	3d	313	109 11 0
iii. Sewers (Wards and Workrooms), ...	33	4½d	313	193 13 4½
iv. Laundryworkers (Laundry), ...	44	4½d	313	258 4 6
v. Kitchenworkers (Kitchen, Scullery, Dining Hall, &c.), ...	20	6d	365	182 10 0
Totals, ...	185			1017 13 10½
185 Working Women Patients out of 271 Residents = 68·2 %				
£1017 13s 10½ ÷ 185 = £5 10s (Average Value of Labour per patient per annum).				
<i>Estimated Total Value of Labour of Patients for Year, May, 1902, to May, 1903 :—</i>				
150 Men, ...				£1423 6 9
185 Women, ...				1017 13 10½
				<u>£2441 0 7½</u>

INDUSTRIAL TABLE II.—Shewing amount and value of work done in various departments of the Asylum by Officials and Patients, during the Financial Year, 16th May, 1902, to 15th May, 1903.

INDUSTRIAL DEPARTMENTS.						RATE.		TOTAL.		
						S.	D.	£	s.	D.
<i>A. Farm and Garden</i> (2 Gardeners, 6 Attendants, 69 Patients).										
Profit on Farm and Garden (see Farm and Garden Account), ... ..						0	0	189	6	0
Improvements and Jobbing in Grounds, Woods, &c.—not estimated.										
<i>Supplies of Vegetables from Garden:—</i>										
					Quantity.					
Artichokes, ... ..					498 lbs.	0	2	4	3	0
Beans, ... ..					2640 „	0	1½	16	10	0
Beetroot, ... ..					522 „	0	1	2	3	6
Brussel Sprouts, ..					198 „	0	3	2	9	6
Cabbage, ... ..					16248 „	0	1	67	14	0
Cauliflower, ... ..					85 „	0	3	1	1	3
Celery, ... ..					57 „	0	4	0	19	0
Carrots, ... ..					164 stones.	0	9	6	3	0
Greens, ... ..					1433 lbs.	0	0¾	4	9	6¾
Leeks, ... ..					217½ stones.	0	9	8	3	1½
Lettuce, ... ..					133½ lbs.	0	1½	8	6	10
Mustard and Cress, ... ..					27 „	0	6	0	13	6
Onions, ... ..					427 stones.	1	0	21	7	0
Peas, ... ..					223 lbs.	0	3	2	15	9
Parsley, ... ..					870 „	0	4	14	10	0
Parsnips, ... ..					1276 „	0	1	5	6	4
Raddishes, ... ..					35 „	0	6	0	17	6
Rhubarb, ... ..					421 stones.	0	6	10	10	6
Salsify, ... ..					48 lbs.	1	0	0	4	0
Savoys, ... ..					1409 „	0	1	5	17	5
Shallots, ... ..					20½ stones.	1	0	1	0	6
Spinach, ... ..					205 lbs.	0	6	5	2	6
Tomatoes, ... ..					24 „	0	6	0	12	0
Turnips, ... ..					748½ stones.	0	3	9	7	1½
Vegetable Marrow, ... ..					113 lbs.	0	4	1	17	8
Total, ... ..						...		£202	4	8
<i>Supplies of Fruits from Garden:—</i>										
Apples, ... ..					371 lbs.	0	2	3	1	10
Gooseberries, ... ..					29 „	0	3	0	7	3
Strawberries, ... ..					7 „	0	5	0	2	11
Total, ... ..						...		3	12	0
<i>Supplies of Flowers from Garden—</i> not estimated.										
Total Supplies from Garden, — ... ..								205	16	8
GEO. CROCKATT, Head Gardener. JOHN KAYE, Assistant Gardener.										

INDUSTRIAL TABLE II. (*Continued*).

INDUSTRIAL DEPARTMENT.	RATE.	TOTAL.
3. <i>Engineer, Slater, and Smith Department</i> (1 Engineer, 3 Patients). Jobbing and Repairs on Fabric of Asylum—not estimated.		
7. <i>Plumber Department</i> (1 Plumber), Jobbing and Repairs on Fabric of Asylum—not estimated.		
9. <i>Joiner, Painter, and Glazier Department</i> (1 Joiner, 2 Patients).		
i. <i>Joiner Work</i> —		
Making Wood Dado round Walls in Laundry, ...		£   s.   d. 8   3   0
,, Coffins, ... ..		6 14 0
,, 6 Oak Rods for Windows, ... ..		0 15 6
,, 24 Picture Frames (various sizes), ... ..		4   2   4
,, 1 Clothes Barrow, ... ..		0 14 0
,, Dressing Boards for Laundry (various sizes), ... ..		0 18 0
,, 2 Polishing Blocks, ... ..		0   4   0
,, Garden Bogie, ... ..		0 10 0
,, Poles for Cricket Screens, ... ..		0   4   8
,, 3 Packing Cases, ... ..		0   6   0
,, 1 Bed Screen, ... ..		0 15 0
,, 1 Surgical Bed Cage, ... ..		0   1   6
,, 1 Large Clothes Cupboard, ... ..		2   2   0
,, 1 Cupboard in Scullery, ... ..		1   8   0
,, 1 Cupboard in Kitchen, ... ..		1 13 0
,, Medicine Cupboards in Wards, ... ..		1 15 0
,, 1 Cupboard for Sticks in Kitchen, ... ..		0 18 0
,, Covers for Cisterns, ... ..		1 15 0
,, 10 Protecting Boxes for Speaking Tubes, ... ..		2   4   0
,, 2 Bound Do. for Telephones, ... ..		1 10 0
,, 2 Slip Doors for Messroom Service Windows, ... ..		3 16 0
,, 1 Bound Cupboard in Clerk of Works' Office, ... ..		1 10 6
,, Shelves (additional) in Surgery, ... ..		0 10 0
,, Small Steps for Surgery, ... ..		0   4   0
,, Tailor's Board for Cutting Cloth, ... ..		1   5   0
,, 4 W.C. Seats,, lining and flooring, ... ..		2   3   0
,, Foot Boards for Laundry, ... ..		1 12 0
,, Blind Rollers and Sticks, ... ..		3   8   0
,, Boiler and Pot Sticks for Laundry and Kitchen, ... ..		0 12 0
,, Brush Handles, ... ..		2 15 8
,, Hammer Shafts,... ..		0   6   0
,, Bakery Setters, ... ..		0   9   0
,, Farm and Garden Implements, ... ..		3   7   6
Total, ... ..		58 11 8
Jobbing and Repairs on Fabric and Furnishings of Institution, ... ..		115 13 6



INDUSTRIAL TABLE II. (*Continued*).

INDUSTRIAL DEPARTMENTS.						RATE.	TOTAL.		
ii. <i>Painting and Glazing</i> —							£	s.	d.
Staining and Varnishing Observation and Single Rooms, ... .. — ... ..							2	4	0
Staining and Varnishing 6 Doors, ... ..							2	18	0
Do. do. 60 Chairs, ... ..							3	10	0
Tonching up Windows of Institution, ... ..							1	14	0
General Glazier work throughout Institution, ... ..							23	2	10
Total, ... ..							35	8	10
iii. <i>Upholstery Work</i> —							6	7	0
Covering Sofas and Chairs, and Screens, ... ..							3	6	0
" Form Pads and Knee Pads, ... ..							3	6	0
" Hall and Ward Tables, ... ..							1	17	0
Cutting and Fitting Stair Carpets, ... ..							2	15	0
Laying Linoleum, ... ..							8	15	0
Laying Carpets at Annual Cleaning, ... ..									
Total, ... ..							26	6	0
Grand Total, ... ..							236	0	0
JAS. M'FADZEAN, Joiner.									
WILLIAM MORRISON, Clerk of Works.									
E. <i>Shoemaker Department</i> (1 Shoemaker, 2 Patients),									
i. <i>Shoemaking, etc.</i> —						s. d.			
Making 3 Pairs of Women's Shoes, ... ..						4 0	0	12	0
" 7 Pairs of Men's Shoes, ... ..						5 0	1	15	0
" 5 Pairs of Men's Boots, ... ..						6 0	1	10	0
" 7 Pairs of Men's Slippers, ... ..						4 0	1	8	0
Total, ... ..							5	5	0
Repairing 285 Pairs of Women's Shoes, ... ..						1 6	21	7	0
293 " Men's Boots, ... ..						1 6	21	19	6
" 362 " " Shoes, ... ..						1 7	28	13	2
" 119 " " Braces, ... ..						0 2	0	19	10
" 106 " " " ... ..						0 3	1	6	6
" 15 Waist Belts, ... ..						0 3	0	3	9
" 12 Knee Pads, ... ..						0 3	0	3	0
Sundries, ... ..							5	5	0
Total, ... ..							79	17	9
ii. <i>Upholstery Work</i> ...									
Making 26 Hair Mattresses, ... ..						4 9	6	3	6
" 36 Pillows, ... ..						1 6	2	14	0
Total, ... ..							8	17	6
Grand Total, ... ..							94	0	3
WM. FORBES, Shoemaker.									

INDUSTRIAL TABLE II. (*Continued*).

INDUSTRIAL DEPARTMENTS.						RATE.		TOTAL. :		
<i>F. Tailor Department</i> (1 Tailor, 2 Patients).										
i. <i>Tailoring</i> —						S.	D.	£	S.	D.
Making	7	Tweed Suits,	...	...	...	10	0	3	10	0
„	5	Jackets,	...	...	...	6	0	1	10	0
„	5	Vests,	...	...	...	2	0	0	10	0
„	59	Pairs of Tweed Trousers,	...	...	...	3	0	8	17	0
„	22	Pairs of Corduroy Trousers,	...	...	...	2	0	2	4	0
„	15	Pairs of Overalls,	...	...	...	1	0	0	15	0
„	100	Caps,	...	...	...	0	6	2	10	0
„	12	Knee Pads,	...	...	...	0	3	0	3	0
Cutting	100	Pairs of Drawers,	...	...	...	0	3	1	5	0
Total,								21	4	0
Repairing	2803	Pairs of Trousers,	...	...	...	0	6	70	1	6
„	223	Jackets,	...	...	...	1	6	16	14	6
„	240	Vests,	...	...	...	0	6	6	0	0
Sundries,	...	...	...	...	...			5	0	0
Total,								97	16	0
ii. <i>Upholstery Work</i> —										
Making	7	Window Curtains,	...	...	...	1	0	0	7	0
„	32	Window Blinds,	...	...	...	0	6	0	16	0
Cutting	16	Bed Mattresses,	...	...	...	0	3	0	4	0
Cutting	32	Pillows,	...	...	...	0	3	0	8	0
„	21	Waterproof Sheets,	...	...	...	0	3	0	5	3
Repairing	8	Bed Covers,	...	...	...	0	6	0	4	0
Total,								2	4	3
Grand Total,								121	4	3
JOHN M'PETRIE, Tailor.										
<i>G. Baker Department</i> (1 Baker, 1 Patient).										
Making	7200	dozen 2lb. Loaves (at per dozen),	...	...	...	0	2 $\frac{3}{4}$	82	10	0
„	112	dozen 6 oz. Rolls ( „ ),	...	...	...	0	2 $\frac{3}{4}$	1	5	0
Total,								83	15	8
THOS. SURGENER, Baker.										
<i>H. Stores and Office Department</i> (1 House-Steward, 1 Messenger, 6 Patients), Work of Storekeeping, Clerking, Messages, &c.—not estimated.										

INDUSTRIAL TABLE II. (*Continued*).

INDUSTRIAL DEPARTMENTS.						RATE.	TOTAL.		
<p><i>I. Housework in Men's Department</i> (6 Charge Attendants, 18 Ordinary Attendants, 65 Patients).  Housework in Men's Wards—not estimated.  Total Work in Men's Industrial Departments, <i>A. to I.</i> approximately so far as estimated, for Year May, 1902 to May, 1903.</p> <p>WM. MORRISON, Clerk of Works.  J. A. CARNEGIE, Head Attendant.  CHARLES BLACK, House Steward.</p>							£930 2 10		
<p><i>J. Housework in Women's Department</i> (7 Charge Nurses, 23 Ordinary Nurses, 60 Patients).  Housework in Women's Wards and Administrative Quarters—not estimated.</p> <p><i>K. Sewing and Knitting</i> (1 Dressmaker Nurse, and Nurses generally, 51 Patients).</p> <p><i>i. Bedding and Napery, &amp;c.—</i></p>									
Making 263 Sheets, ... ..						0 4	4	7	8
" 124 Draw Sheets, ... ..						0 4	2	1	4
" 180 Bolster Cases, ... ..						0 4	3	0	0
" 226 Pillow Cases, ... ..						0 4	3	15	4
" 71 Bed Covers (Patched), ... ..						1 3	4	8	9
" 20 Night Dress Bags, ... ..						0 9	0	15	0
" 20 Toilet Covers, ... ..						0 8	0	13	4
" 100 Mattress Slips, ... ..						1 0	5	0	0
" 36 Bed Ticks, ... ..						1 0	1	16	0
" 49 Table Cloths, ... ..						0 4	0	16	4
" 20 Table Covers, .. ...						0 4	0	6	8
" 180 Kitchen Towels, ... ..						0 1	0	15	0
" 112 Bath Towels, ... ..						0 1	0	9	4
" 12 Pairs of Muslin Curtains,... ..						1 0	0	12	0
" 58 Chair Covers and Cushions, ... ..						0 8	1	18	8
" 12 Doyleys, ... ..						0 8	0	8	0
" 6 Tray Cloths, .. ...						3 0	0	18	0
" 47 Shrouds, ... ..						0 4	0	15	8
" 33 Window Screens, ... ..						0 4	0	11	0
" 300 Bandages, ... — ... ..						0 0½	0	12	6
Total, ... ..							34 0 7		
<i>ii. Uniform—</i>									
Making 31 Serge Dresses, ... ..						4 0	6	4	0
" 83 Print Dresses, ... ..						4 0	16	12	0
" 87 Nurses' Caps, ... ..						0 3	1	1	9
" 260 Nurses' Aprons, ... ..						0 6	6	10	0
" 160 Attendants' Aprons, ... ..						0 5	3	6	8
Total, ... ..							33 14 5		



INDUSTRIAL TABLE II. (*Continued*).

INDUSTRIAL DEPARTMENTS.						RATE.		TOTAL.		
						S.	D.	£	s.	D.
iii. <i>Men's Clothing</i> —										
	Making	276	Shirts,	...	...	1	0	13	16	0
	,,	330	Undershirts,	...	...	0	6	8	5	0
	,,	131	Pairs of Drawers,	...	...	1	0	6	11	0
	,,	96	Ties, ...	...	...	0	2	0	16	0
	,,	108	Pairs of Socks,	...	...	0	8	3	12	0
	,,	161	Pairs of Socks (refooted),	...	...	0	4	2	13	8
	Total,	...	...	...	...			35	13	8
iv. <i>Women's Clothing</i> —										
	Making	334	Undershirts,	...	...	0	4	5	11	4
	,,	233	Chemises,	...	...	0	6	5	16	6
	,,	138	Petticoats,	...	...	0	6	3	9	0
	,,	12	Pairs of Drawers,	...	...	0	4	0	4	0
	,,	45	Night Dresses,	...	...	0	8	1	10	0
	,,	436	Aprons,	...	...	0	2	3	12	8
	,,	165	Ties, ...	...	...	0	4	2	15	0
	,,	95	Tweed Capes,	...	...	4	6	21	7	6
	,,	18	Laundry Blouses,	...	...	0	8	0	12	0
	,,	21	Pairs of Garters,	...	...	0	2	0	3	6
	,,	86	Serge Dresses,	...	...	3	0	12	18	0
	,,	154	Print Dresses,	...	...	3	0	22	2	0
	,,	6	Ball Dresses,	...	...	7	6	2	5	0
	,,	24	Nightingales,	...	...	0	4	0	8	0
	,,	88	Pairs of Stockings,	...	...	0	9	3	6	0
	,,	320	Pairs of Stockings (refooted),	...	...	0	4	5	6	8
	Total,	...	...	...	...			92	7	2
v. <i>Repairs of Clothing</i> —										
	Repairing	45,500	articles of Clothing,	...	...	0	1	189	11	8
	Grand Total,	...	...	...	...			385	7	6
L. <i>Laundry Work</i> (1 Laundress, 3 Laundrymaids, 44 Patients),										
	Washing and Dressing	292,864	Articles,	...	...	0	1	1220	5	4
M. <i>Kitchenwork</i> (1 Cook, 4 Servants, 20 Patients)										
	Work in Kitchen, Scullery, Dining Hall, &c.—not estimated.									
Total Work in Women's Industrial Departments, J. to M. approximately so far as estimated, for year May, 1902 to May, 1903.								1605	12	10
M. ALISON, Matron.										
CHARLES BLACK, House Steward.										



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# TREASURER'S FINANCIAL TABLES.

*(For the Year 16th May, 1902, to 15th May, 1903.)*

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FINANCIAL TABLE I.

PROVIDING  
FOR THE YEAR ENDING

RECEIPTS.										Total for the Year.
<i>Statement of Balance in favour of Board at 15th May, 1902, ...</i>										£2942 5
I. <i>Assessment on District—</i>										
1. County of Ayr,...	...	...	...	...	...	...	£2717	7	9	
2. Burgh of Ayr, ...	...	...	...	...	...	...	384	0	5	
3. Burgh of Kilmarnock,	...	...	...	...	...	...	308	14	3	
4. Burgh of Irvine,	...	...	...	—	...	...	89	17	7	
										3500 0
II. <i>Loans borrowed on the Security of Assessments, under the provisions of the Statute, ...</i>										1425 0
III. <i>Estimated Rent of Farm, paid from the Maintenance Account, on account of Farm Lands acquired by purchase, and of Farm Buildings and Improve-</i>										
<i>ments, ...</i>										100 0
IV. <i>Other Receipts—</i>										
1. Interest on Deposit Receipt,...	...	...	...	...	...	...	£5	6	5	
2. Price of old Boiler sold,	...	...	...	...	...	...	3	10	0	
										8 16
Total,										£7976 2

TOTAL COST PER BED. (PROVIDING ACCOUNT).

N.B.—Accommodation of Asylum on 15th May, 1903, for 460 Patients. Total cost per Bed to 15th May, 1903, £123,426 0s. 9d ÷ 460 = £268 6s 4½d.

MAY, 1903.

	PAYMENTS.	Total for the Year.	Total Expenditure since Origin of Asylum.
<i>Land</i> (exclusive of Farm Lands)—			
1. Purchase of Asylum Grounds.			
2. Rent of Asylum Grounds, Feu-Duty and Stipend, ... ..	£304 14 4	£5325 15 9	
<i>Asylum Buildings, Additions, Alterations and Improvements—</i>			
1. Improvement of Grounds, ... ..	£10 13 5		
2. Mason, ... ..	1470 10 0		
3. Carpenter, ... ..			
4. Plumber, ... ..	341 1 3		
5. Slater, ... ..			
6. Lath and Plaster, ... ..	117 16 8		
7. Painting, Glazing, and Papering, ... ..	170 13 3		
8. Smith and Founder Work, ... ..	20 14 3		
9. Heating and Ventilating, ... ..	0 0 0		
10. Architect, ... ..	0 0 0		
11. Plant for Electric Lighting, ... ..	0 0 0		
	2131 8 10	82,535 8 5	
<i>Expenditure on Farm—</i>			
1. Purchase of Farm Lands,			
2. Farm Buildings and Walls, Additions, Alterations, and Repairs.			
3. Draining, Fencing, etc., ... ..	1 7 3		
		6314 17 2½	
<i>Furniture and Furnishings</i> (comprising the outlay for the complete equipment of the Asylum, and of additions to it, and the cost of articles rendered neces- sary by increase of population).			
1. Household Furnishings, ... ..	£273 1 3		
2. Ironmongery and Cutlery, ... ..	75 17 0		
3. Bedcoverings, ... ..	0 0 0		
4. Table Linen and Towelling, ... ..	0 0 0		
5. Mattresses and Upholstery, ... ..	34 0 11		
6. Carpeting, etc., ... ..	0 0 0		
7. Joiner-work and Cabinet-work, ... ..	0 0 0		
8. Stoneware and Glass, ... ..	3 8 6		
9. Minor Furnishings, ... ..	73 1 11		
	459 9 7	8927 0 2	
<i>Miscellaneous Expenses—</i>			
1. Interest paid on Bank Account, ... ..	£4 13 5		
2. Law, ... ..	10 1 0		
3. Insurance, ... ..	56 15 11		
4. Printing, Advertising, Stationery, and Incidents, ... ..	0 10 0		
5. Taxes levied on Owner, ... ..	45 18 10		
	117 19 2	2234 8 3½	
<i>Loans—</i>			
1. Instalment of Loans, ... ..	£2425 0 0		
2. Interest on Loans (less Income Tax, amounting to £45 15s 8d), ... ..	733 1 6		
	3163 1 6	15,969 4 3	
Expenses for first year after opening of Asylum, borne by Capital Account, under provisions of Section 54, 20 and 21 Vic. cap. 71, ... ..		2119 6 8	
Statement of Balance in favour of Board at 15th May, 1903,	1798 1 5		
Total, ... ..	£7976 2 1		
Total Expenditure on Asylum up to 15th May, 1903, ... ..		£123,426 0 9	

## FINANCIAL TABLE II.

MAINTENANCE  
FOR THE YEAR ENDING

RECEIPTS.						Total for the Year.
<b>I. Board of Patients—</b>						
1. Board Receivable during Year (at fixed Rate of £27·6s since 14th November, 1901), ...	£14,092	19	5			
2. Extra Outlays on Patients during Year, for Funeral Expenses, ...		14	4	6		
	£14,107	3	11			
Less—Board Repayable for Patients Discharged before Expiry of Quarter, ...		43	16	9		
	£14,063	7				
<b>II. Farm and Garden Produce, Etc.—</b>						
1. Value of Produce sold—						
Pigs, ...	£722	9	5			
Grazings, ...	41	2	9			
	£763	12	2			
2. Value of Produce supplied to Asylum—						
Green Vegetables, ...	£202	4	8			
Fresh Fruits, ...	3	12	0			
	205	16	8			
						969 8
<b>III. Other Receipts—</b>						
Value of Waste supplied from Kitchen to Piggery, ...						26 0
Statement of Balance against the Board at 15th May, 1903 ...	£212	18	1			
Less—Petty Cash on hand at Asylum, ...	£18	6	11			
On Deposit Receipt ...	89	3	5			
Do., ...	5	0	0			
	112	10	4			
						100 7
TOTAL, ...						£15,159 3

## 1902-1903.—COST PER HEAD (MAINTENANCE ACCOUNT).

	Men	Women	Total
Average Number of Patients resident during Financial Year, ...	243	271	
Average Number of Officials boarded wholly or in part during Financial Year, ...	42	41	
Total, ...	285	312	

N.B.—Maintenance Expenses (£14,130 4s 1d), Less Profit on Farm and Garden Account (£189 6s 0d), £13,940 18s 1d, divided by 514 equals £27 2s 5d, the Net Cost of Maintenance per Patient during Financial Year.



1 MAY, 1903.

PAYMENTS.				Total for the Year.
<i>ement of Balance against the Board at 15th May, 1902, ... ..</i>				£193 14 4
<i>Maintenance of Patients and Expenses.</i>				
i. <i>Food—</i>				
1. Provisions Bought, ... ..	£5538	10	11	
2. Value of Produce supplied from Garden, ... ..	205	16	8	
				£5744 7 7
ii. <i>Clothing, Boots and Shoes, Etc., ... ..</i>				812 12 1½
iii. <i>Medicines and Surgical Appliances, ... ..</i>				152 17 10
iv. <i>Wines, Spirits, and Malt Liquors, ... ..</i>				55 16 1
v. <i>Tobacco, ... ..</i>				157 5 10
vi. <i>Miscellaneous—</i>				
1. Taxes and Public Burdens levied on Occu- pier, ... ..	£148	5	8	
2. Interest paid on Bank Account, ... ..	3	6	8	
3. Incidents ( <i>e.g.</i> Postages, Printing, Station- ery, Advertising, Conveyance, Amuse- ments, Etc.), ... ..	410	12	5½	
				562 4 9½
vii. <i>Salaries and Wages—</i>				
1. <i>Officers</i> (viz., 1 Medical Superintendent 2 Assistant Physicians, a1 Consulting Physician, a1 Chaplain a1 Treasurer, a1 Clerk of Works, 1 Steward 1 Matron, 1 Head Attendant, and 2 Gardeners),	£1743	12	7	
2. <i>Attendants and Tradesmen</i> (viz., 30 Atten- dants, 1 Engineer, 1 Plumber 1 Joiner, 1 Shoemaker, a1 Tailor, a1 Baker, and 1 Messenger ... .. a Non-Resident.	1152	9	2	
3. <i>Nurses and Servants</i> (viz., 30 Nurses, 1 Dressmaker, 1 Cook, 1 Kitchenmaid, 1 Hallmaid, 2 Housemaids, 1 Laundress, and 3 Laundrymaids), ... ..	788	11	8	
				3684 13 5
viii. <i>Institution Necessaries—</i>				
1. Fuel, ... ..	£848	16	5	
2. Light, ... ..	548	19	6	
3. Water ... ..	258	4	2	
4. Laundry and Household Requisites, ... ..	353	2	1	
5. Furniture and Furnishings (comprising the Outlay for the Replacement and Repair of all Furniture and Furnishings worn out or destroyed in the ordinary course of Asylum Management)—				
1. Household Furnishings, £62 14 4				
2. Ironmongery and Cutlery, 194 3 3				
3. Bedcoverings ... 182 8 8				
4. Table Linen and Towelling 0 0 0				
5. Mattresses and Upholstery, 145 11 7				
6. Carpeting, 88 16 11				
7. Joiner-work & Cabinet-work 79 0 1				
8. Stoneware and Glass 178 19 4				
9. Minor Furnishings, 19 10 1				
	951	4	3	
				2960 6 5
				14,130 4 1
<i>Farm and Garden Expenses.</i>				
i. <i>Estimated Rent of Farm Lands</i> , acquired by Purchase, and of Buildings and Improvements, paid by the Maintenance Account to the Providing Account ... ..	£100	0	0	
ii. Pigs, ... ..	528	7	0	
iii. Implements, Manure, Seeds, Fodder, Paid Labour, Etc.,	166	13	10	
iv. Value of Kitchen Waste supplied to Piggery, ... ..	26	0	0	
				821 0 10
<i>Extra Expenses for Funerals</i> , chargeable over and above Rate for Maintenance,				14 4 6
TOTAL, ... ..				£15,159 3 9

## FINANCIAL TABLE III.—FARM AND GARDEN ACCOUNT

FOR THE YEAR ENDING 15TH MAY, 1903.

## RECEIPTS.

	Total for the Year
Pigs Sold, ... ..	£722 9 5
Grazings Let, ... ..	41 2 9
Value of Produce supplied from Garden to Asylum—	
1. Green Vegetables, ... ..	£202 4 8
2. Fresh Fruits, ... ..	3 12 0
	<hr/>
	205 16 8
Value of Kitchen Waste supplied to Piggery, ... ..	26 0 0
Valuation of Pigs in stock at 15th May, 1903, ... ..	164 18 0
	<hr/>
Total, .. ..	<u>£1160 6 10</u>

## PAYMENTS.

	Total for the Year.
Valuation of Pigs in Stock at 15th May, 1902, ... ..	£150 0 0
Estimated Rental of Farm Lands acquired by purchase, and of Buildings and Improvements, paid by Maintenance Account to Providing Account, ... ..	100 0 0
Value of Kitchen Waste received for Piggery, ... ..	26 0 0
Ordinary Expenditure—	
1. Pigs Bought, ... ..	£528 7 0
2. Implements, ... ..	33 18 0
3. Seeds and Plants, ... ..	46 19 4
3. Fodder, Grain, Roots, and Feeding Stuffs, ... ..	26 19 10
5. Manures, ... ..	48 8 0
6. Paid Labour, ... ..	9 18 8
7. Incidents, ... ..	0 10 0
	<hr/>
	695 0 10
Balance in favour of Farm and Garden, ... ..	189 6 0
	<hr/>
Total, ... ..	<u>£1160 6 10</u>

N.B.—*Amount of Land in Occupation of Asylum, 109 $\frac{1}{3}$  Acres, occupied thus :—*  
 (1) Buildings, 2 $\frac{1}{2}$  acres ; (2) Recreation and Ornamental Grounds, 25 $\frac{1}{3}$  acres ;  
 (3), Woods, Roads, &c. (non-arable), 12 acres ; (4) Vegetable, Fruit, and Flower  
 Gardens, 6 $\frac{1}{2}$  acres ; (5) Crops, 7 acres ; (6) Pasture Lands, 56 acres.

JAM. E. SHAW, Treasurer.

JAMES HUTTON, C.A., Auditor.

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# REPORTS

BY

H.M. THE MEDICAL COMMISSIONERS IN LUNACY

FOR

SCOTLAND.

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Ayr District Asylum,  
10th and 11th April, 1902.

There were on the 11th instant 500 patients—225 men and 275 women—on the register of the Asylum. One male and 1 female are absent on statutory probation. All the patients in residence were seen in the course of the visit.

The changes in the population since 11th October, 1901, are as follows :—

				Pauper Patients.		
				M.	F.	Totals.
Admitted, ...	...	...	...	38	40	78
Discharged recovered, ...	...	...	...	20	20	40
Discharged unrecovered, ...	...	...	...	7	7	14
Died, ...	...	...	...	11	15	26

During the period to which the above figures refer, the number of male patients has remained stationery, and the female inmates have decreased by 2. Of the 14 patients discharged unrecovered or improved, 6 were sent to the care of relatives, 1 was boarded out, 5 were transferred to the Lunatic Wards of Cunninghame Poorhouse, and 2 were transferred to other Asylums.

The deaths are registered as due to cerebral diseases in 9 cases, to heart affections in 8 cases, to inflammatory diseases of the lungs in 3 cases, to senile decay in 3 cases, and to peritonitis, diarrhoea, and phthisis pulmonalis in 1 case each.

In 5 instances or in 19 per cent. of the deaths was the cause verified by *post mortem* examination. The consent of the relatives was refused in 21 cases. A pathological journal has been instituted, and notes of the *post mortem* examinations are recorded.

The Register of Seclusion and Restraint contains 9 entries. They refer to the use of seclusion for periods varying from 2 to 8 hours in the cases of 5 patients on account of excitement and violence. Two accidents, not of a serious character, are recorded. There has been no escape.

The changes among the staff are as follows :—6 attendants and 9 nurses have resigned, 1 attendant and 1 nurse have been dismissed, and 9 attendants and 9 nurses have been engaged. The night staff consists of 5 attendants and 6 nurses, and yields a ratio of 1 to 46 patients in each division. There are in addition to the admission dormitory three large dormitories on either side in which the patients are under continuous night supervision. The care of the sick, the safety of the suicidal and the epileptic, and an improvement in those of defective habits should be secured by a night staff of this numerical strength.

Plans for the erection of four cottages for married attendants have been sanctioned by the Board. It is recommended that the front of these cottages should face the public road in order to keep the families away from the Asylum grounds.

Plans for the erection of a male block have been under consideration. As these plans showed a pavilion which was ultimately to be

extended to accommodate 100 patients, they did not meet with approval. The development in asylum construction points to small separate buildings, whose accommodation should not exceed 50, as the best provision for securing efficiency in care and treatment. It is recommended that the Architect be asked to confer with the General Board on the subject. As indicated in the previous entry, this villa will require special arrangements for the care of senile and infirm patients.

The condition of the inmates was in every respect satisfactory. Their behaviour was, with one exception, tranquil and orderly, and except on the score of detention there were no complaints. The clothing of both sexes was very good, that of the women being bright and neat as well as suitable and sufficient.

The dietaries have been examined scientifically by Dr. J. C. Dunlop of Edinburgh, and the food values have been found to agree with the proteid and energy standards, variety is said to be sufficient, and the use of fresh vegetables ample.

The asylum was found throughout in good order and scrupulously clean. The feature in the furnishing of the day-rooms which always attracts attention, is the large number of easy chairs. These chairs are much liked by the patients; they add to their comfort and to their peacefulness and contentment. It was noted with approval that the great majority of the beds have been supplied with pillows. Many of the straw palliasses in the older section of the asylum are in an unsatisfactory condition, and it is recommended that they should be condemned and wire mattresses substituted. The small dormitory on the female side adjoining the dining hall is now being used as a mess room for the nurses. This new dining arrangement is much appreciated by the female staff. It is regretted that the corresponding room on the male side cannot be spared for the same purpose. It is understood that a hot plate is to be provided in the dining-hall. The food will, when this improvement is effected, be served to the patients in a proper condition, instead of being almost cold.

Outside iron escape staircases are to be erected in connection with both the male and female villas. It is strongly recommended that a pipe be laid to convey the water in the ditch in the asylum grounds, and the ditch filled in. A patient not long ago committed suicide in this ditch, and it will therefore be evident that it is a source of danger. The water supply is about to be improved by substituting a 6-inch pipe for the present 4-inch one from the main to the asylum.

Sewage purification works have just been completed. They consist of a septic tank with a double set of filter beds. The distribution of the sewage over the filter beds seems to be defective, and consequently the effluent is at present not so clear or free from sewage as it should be. With a tank and a double set of filter beds in proper working order, the results should be most satisfactory.

It is understood that Dr. Skae has resigned the position of Medical Superintendent of this asylum. He has been 33 years in its service, and has on account of his kindly and sympathetic nature gained the



esteem of all associated with him in its administration. The books and registers were examined, and found written up to date and correctly kept.

JOHN FRASER,  
Commissioner in Lunacy.

Ayr District Asylum,  
11th and 12th July, 1902.

Since last visit the following changes in population have occurred:—

				Pauper Patients.		
				M.	F.	Totals.
On Register, 11th April, 1902,	...	...	...	225	275	500
Admitted,	...	...	...	27	17	44
Discharged Recovered,	...	...	...	6	6	12
Discharged Unrecovered,	...	...	...	3	2	5
Died,	...	...	...	4	7	11
On Register, 11th July, 1902,	...	...	...	232	277	516

With the exception of 2 men and 2 women who were absent on statutory probation, all the patients were resident and were seen during the visit.

The deaths are registered as due to pneumonia or congestion of the lungs in 3 cases; to cerebral haemorrhage in 2 cases; to phthisis in 2 cases; and to puerperal disease, atrophy of the bowel, senile decay and epilepsy in 1 case each. *Post mortem* examinations were made in 5 instances.

There are 22 entries in the Register of Restraint and Seclusion referring to the restraint of two and the seclusion of three persons. Three patients have escaped and have each been absent for at least one night from the Asylum before being brought back. Of the entries in the Register of Accidents only one, a fracture of the humerus in a female patient, requires notice. The cause of this accident has not been ascertained.

The changes among the nurses and attendants (exclusive of officers and servants) have been as follows:—6 men and 3 women have resigned and 6 men and 4 women have been engaged.

Since the date of last visit Dr Skae, whose resignation was fittingly referred to in the preceding entry, has left, and Dr Easterbrook, Senior Assistant Physician in the Royal Edinburgh Asylum, has been appointed Medical Superintendent. Dr Easterbrook entered upon his new duties on the 1st July.

The patients were found in a satisfactory state of bodily health; they were generally free from excitement, and none of them expressed any dissatisfaction with their treatment. The various sections of the Asylum were found clean and generally in good order.

The books and registers were examined and found correct.

JOHN MACPHERSON,  
Commissioner in Lunacy.

Ayr District Asylum,  
9th and 10th March, 1903.

On the 9th instant there were 523 patients on the register of the Asylum. 2 men and 3 women were absent on Statutory probation, and 2 men were absent on pass. The number resident is 516, all of whom were seen during the visit.

Since 11th July, 1902, the date at which the figures of the previous visit refer, the following changes have taken place :—

				Pauper Patients.		
				M.	F.	Totals.
Admitted,	...	..	...	44	38	82
Discharged Recovered,	...	...	...	18	20	38
Discharged Unrecovered,	...	...	...	5	7	12
Died,	...	...	...	7	18	25

During the period under review there has been an increase of 14 in the number of men on the register, and a decrease of 7 women. The number resident has increased by 12 men and decreased by 8 women. Dr Easterbrook has found that the male dayrooms can, according to present requirements as to floor space per patient, accommodate 200, and the dormitories and single rooms 245. As there are 249 resident, it will be evident that the dayrooms contain 49, and the sleeping accommodation 4, in excess of the proper number. On the female side there is dayroom space for 224 and night accommodation for 280. The female dayrooms are overcrowded to the extent of 43 patients, and the margin of spare sleeping accommodation is small. The infirm wards in both divisions are seriously overcrowded, and this, coupled with the fact that the proportion of patients sent during recent years to the Asylum who require hospital treatment, is large, clearly indicates the character of the new accommodation called for. The District Board have realised this, and have resolved to build a separate hospital for 120 patients. This provision will not only meet present requirements, but also the prospective increase for many years.



The deaths are registered as due to brain disease in 4 cases, to general paralysis in 4 cases, to phthisis pulmonalis in 6 cases, to pneumonia in 5 cases, to heart disease in 4 cases, and to obstruction of the bowels and pulmonary and hepatic congestion each in 1 case. The mortality from consumption is high, being 24 per cent. of the deaths. In the new hospital about to be erected, provision should be made for the isolation and treatment of patients suffering from this malady, as it is now universally acknowledged to be an infectious disease.

*Post mortem* examinations were made in the very satisfactory proportion of 80 per cent. of the deaths, and the records of these examinations are kept in a manner highly creditable to the medical staff. The case books, which are illustrated by photographs and contain the history and a full description of the mental and bodily condition of each patient admitted, bear abundant evidence of the medical and scientific interest which Dr Easterbrook and his assistants take in those committed to their care. Such careful investigations cannot fail to have a beneficial influence relative to the care and treatment of the patients.

The Register of Restraint and Seclusion contains 3 entries referring to the use of seclusion for periods varying from 2 to 4 hours in the case of 3 patients, on account of violence and excitement. 5 casualties have occurred, 4 of which involved a fracture of a bone, due either to accidental falls or to the patients having been pushed over by a fellow patient. One patient has escaped, and was absent for a night before being brought back.

18 attendants and 3 nurses have resigned, 3 attendants and 1 nurse have been dismissed, and 23 attendants and 6 nurses have been engaged. The dismissals were on account of roughness to patients. These charges have been numerous, but when there has been a change of Superintendent they are usual and probably not undesirable in the interests of all concerned in the management of the Asylum.

The present staff appears satisfactory and is numerically strong, there being 1 day attendant to 10 patients on the male side, and 1 to 11 in the female division.

Good progress is being made with the building of the four cottages for married attendants. Lectures and practical demonstrations are being given to the attendants and nurses by Dr Easterbrook, in order to prepare them for the examination of the Medico-Psychological Association. Nothing can be more important than this instruction, as it leads the staff to take a more intelligent interest in their work, and to perform their duties more efficiently.

The patients in residence were given an opportunity of making any statement they desired, and several were afforded a private interview, but none had any grievance calling for special mention. With very few exceptions their behaviour was quiet and orderly. Their classification throughout the various wards is on right lines, and the requirements of each group as to care and treatment are adequately provided for. The



clothing of the men and the dress of the women were in good condition and neat in appearance. The dinners seen during the visit were liberal and palatable meals, and the hotplate recently erected admits of the soup, meat, potatoes, and pudding being kept hot until served. The substitution of chairs for the heavy forms at present in use in the dining-hall is recommended. Chairs are more comfortable, prevent overcrowding, and allow of the easy removal of turbulent patients when necessary. 16 men and 14 women were confined to bed, and, judging from the charts at the head of each bed, on which are noted the details of each patient's condition, it was evident that the medical care and treatment is of a high standard. The employment of the male patients in healthy outdoor work is gradually being increased. The percentage of men so engaged is now 30. The distribution of the outdoor work among the male staff has been rearranged.

The wards were found in good order and comfortably furnished. Some stand in need of repainting, and it is recommended that a painter attendant be engaged; there is ample work to keep him, and one or two patients who could be trained to assist him, constantly employed. The wards are well supplied with daily and weekly newspapers, magazines, and journals, and rules have been laid down for their regular distribution throughout every section of the asylum. A mess-room corresponding to one on the female side has been provided for the male staff. The accommodation for the various stores has become inadequate, and the conversion of the male bathroom into a bread store would be a decided improvement. Two of the baths could be removed to the lavatory of No. 1 male ward. Other changes in the administrative section which would add to the servants' accommodation and facilitate the work of the kitchen department are worthy of consideration. It was noted with approval that the deep ditch at the side of the road used by the patients when out for exercise is being filled in, the water being now conveyed by means of a large earthenware pipe.

The sewage purification works have been found too small to deal with the large amount of asylum sewage, and consequently they are to be enlarged. The effluent at this date was not so clear as it should be. The fire brigade was called out during the visit, but owing to the change in the main supply pipe not having been satisfactorily completed, an undesirable delay occurred before water could be obtained to serve the fire engine. The whole arrangements in regard to the extinction of fire, and the adequacy of exits are to be investigated by the District Board and Dr. Easterbrook. The new escape outside staircases in connection with the villas are not satisfactory, as they are dangerously steep. This should be remedied by lengthening them. The impression left by the visit is that Dr. Easterbrook is devoting himself in an able and energetic manner to the duties devolving upon him.

The registers were examined and found correctly and regularly kept.

JOHN FRASER,  
Commissioner in Lunacy.

Ayr District Asylum,  
22nd and 23rd July, 1903.

The Asylum was last visited on the 9th March of the present year. Since then the following changes in population have occurred :—

				Pauper Patients.		
				M.	F.	Total.
On Register, 9th March, 1903,	...	...	...	253	270	523
Admitted,	...	...	...	35	26	61
Discharged Recovered,	...	...	...	14	10	24
Discharged Unrecovered,	...	...	...	7	5	12
Died,	...	...	...	10	11	21
On Register, 22nd July, 1903,	...	...	...	257	270	527

Of those on the Register 1 man and 3 women were absent on statutory probation, and 2 women were absent on pass. The 521 patients in residence were all seen in the course of the visit.

The deaths are registered as due to the following diseases :—Heart disease (as a primary cause) in 5 cases ; pneumonia in 5 cases ; phthisis in 3 cases ; general paralysis in 2 cases ; and cancer, chronic bronchitis, erysipelas, nephritis, acute rheumatism, and epilepsy in 1 case each. With regard to the deaths from pneumonia, it should be explained that two were of septic origin, one being the result of a wound of the throat self-inflicted prior to admission, the other to disease of the jaw. A third case was complicated with endo-carditis. *Post mortem* examinations were made in 14 instances. There are 9 entries in the Register of Restraint and Seclusion referring to the restraint of 1 person and the seclusion of 1 person. Two patients escaped and were absent for at least one night before being brought back. The Register of Accidents contains two entries which refer to wounds of the scalp, the results of assaults committed, the first by a female patient upon a female servant, the second by one male patient upon another.

The changes among the nurses and attendants have been numerous, especially among the men. Eleven male attendants have resigned, 1 has been dismissed, and 13 have been engaged. Eight female attendants have resigned, and a corresponding number have been engaged. In connection with this subject, it is satisfactory to record that the four cottages for married attendants have been completed and occupied, and that a married couple have now been engaged to take charge of the male villa. It is confidently expected that this provision will act to a limited extent as an inducement towards permanency of service among a section of the male staff. Several other improvements in the condition of service have been introduced or are in process of consideration with a view to being introduced. The mess rooms for nurses and attendants, one on each side, have been completed and are provided with service windows which open off the dining hall. A mess room adjoining the kitchen has also been provided for the kitchen and laundry employees. The dietary of the staff has been made more satisfactory. The hours of service have been shortened by the expedient of increasing the periods of leave. Each nurse and attendant is allowed



off duty one half day each week, every third Sunday, and from Saturday afternoon until Monday at 10 a.m. in every six weeks. Further, the scale of pay has been advantageously altered so as to offer an inducement to the more capable and suitable members of the staff to remain in the service of the asylum. It is understood that the changes above referred to are already beginning to tell favourably upon the personnel of the staff.

The Asylum is considerably overcrowded, and there is urgent need for extending the accommodation. It is therefore satisfactory to be able to record that the District Board are about to advertise for competitive plans for the erection of a new separate Hospital in which will be treated all the acute sick and infirm patients in the institution. The erection of such a hospital will not only afford the required accommodation, but it will also place the institution in a position to offer the best means of classified medical treatment to all the patients of the district who are sent there for care. In the meantime, it is unfortunate that the wards for the sick and infirm, and for the new cases, are so overcrowded, for it is difficult to suggest any means of relief, for there is in this county as everywhere else an increasing tendency to send old and weakly patients, and patients who require nursing, to the Asylum. One hundred and forty-nine men and 180 women were industrially employed at the time of the visit. Of these numbers, 66 men were engaged in outdoor work. This is an increase in the number of male patients working in the garden and grounds, and it is suggested that it might with advantage be still further increased. Such work possesses a recognised influence upon the health and conduct of the insane. Besides, it is important that the garden should be able to supply vegetables to the Asylum all the year round, and this, it is understood, could be attained by increasing its size.

Dr Watson, who for many years acted as Assistant Medical Officer, resigned his appointment for another sphere of work, and the District Board, upon the recommendation of Dr Easterbrook, properly resolved to appoint two Assistant Medical Officers. In an institution with upwards of 500 patients where so much work of a purely administrative nature falls to be performed by the Superintendent, it is obvious that one Assistant Medical Officer could only imperfectly overtake the duty of attending to the medical wants of the population. The present condition of the case books give an indication of the benefit which has resulted from the addition to the medical staff. These records contain the fullest possible details of the progress and treatment of the patients, and appended to them are clinical charts, photographs, and in the event of a fatal issue an account of the *post mortem* examination.

Among the many changes which have been completed since last visit the following may be mentioned. Chairs have in accordance with the recommendation in the previous entry, been introduced into the dining hall. The new hot plate for the serving of food in the same hall has been completed. The new 6 in. water pipe around the various buildings upon which the fire hydrants has been laid, but unfortunately some of the pipes have either been damaged in transit or they have



been unable to withstand the pressure of water. In any case, owing to numerous leakages the pipe is at present useless. It is important that this state of matters should be rectified as soon as possible, for the escape of large quantities of water so close to the buildings is undesirable, and there is no means of effectually controlling the outbreak of a serious fire.

Estimates have been accepted (and it is expected that the work will shortly commence) for providing alternative external exits from all the dormitories in case of fire. A large number of fire appliances, such as water hose, buckets, etc., have been ordered, and will shortly be supplied.

The Septic tanks are about to be increased in size, for it is found that the tanks and filter beds are not large enough for the present outflow of sewage. They are therefore to be made capable of dealing effectually with the discharge from the whole Asylum, including the new hospital. The renovation of the general stores is nearly completed. The question of lighting the Asylum with electricity is at present engaging the attention of the District Board. The piggeries have been enlarged and renovated, and the manure heap at the foot of the garden has been removed and properly enclosed.

The condition in which the patients were found was highly satisfactory. It was observed with approbation that the doors in both villas and in certain sections of the main Asylum were open, and that it was possible to pass through these portions of the institution without using a key. The dietaries of the patients have been overhauled and adjusted with the object of giving them variety and of adapting them more closely to the recommendations of Dr J. C. Dunlop, as published in the supplement to the Forty-third Report of the General Board of Lunacy. The great pains which are taken in the medical treatment of the sick and recent cases of insanity attracted very favourable attention. All patients who ought to have been in bed were treated there, and especially was this a feature in the treatment of the acute cases of insanity.

In concluding this report it is only fair to remark that the work of administering the many and varied details of this institution appears to be undertaken by Dr Easterbrook with great energy and devotion to duty.

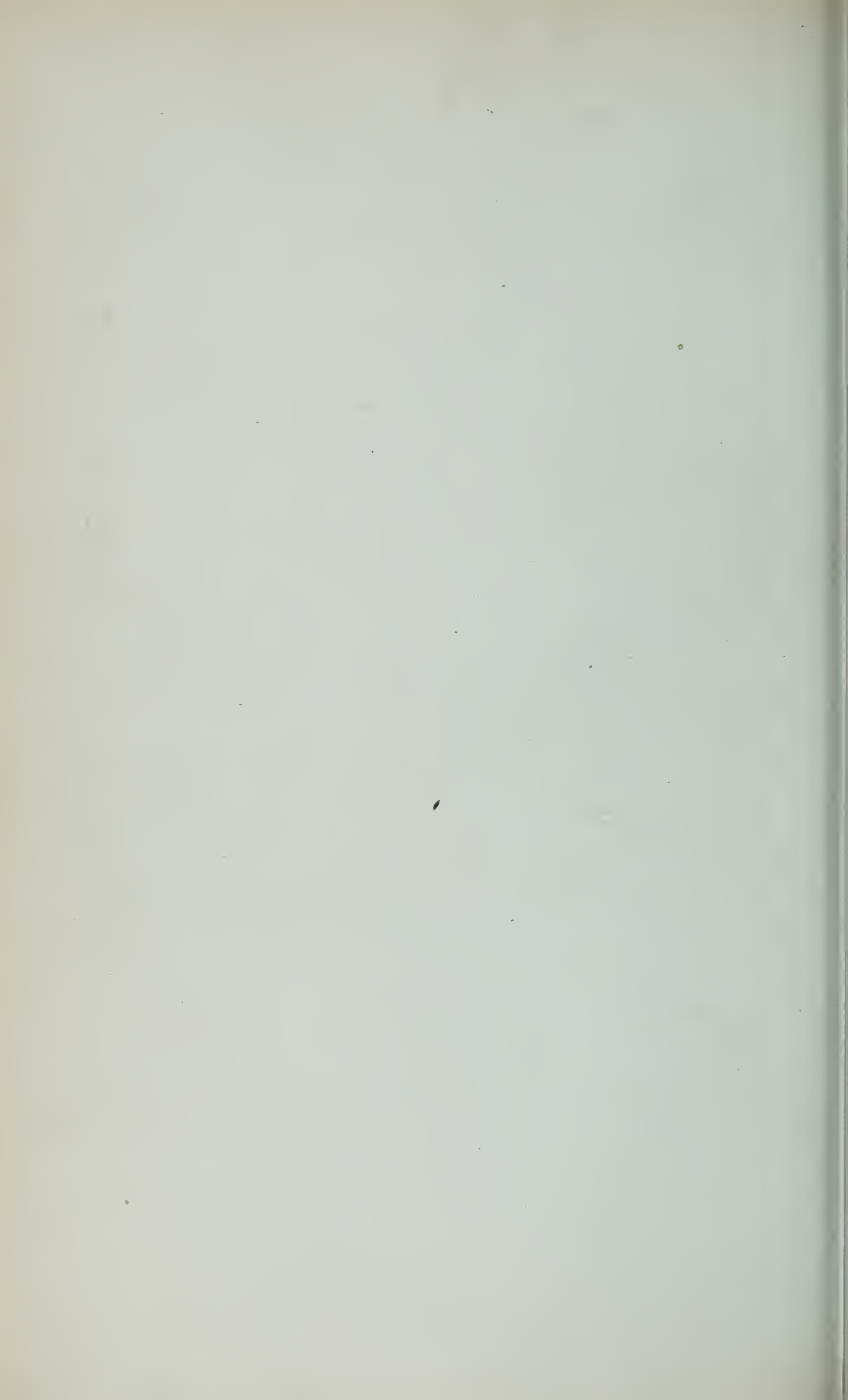
The books and registers were examined and found correct.

JOHN MACPHERSON,  
Commissioner in Lunacy.











AYR DISTRICT ASYLUM,  
AYR.

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THIRTY-FOURTH

ANNUAL REPORT,

1904.





THIRTY-FOURTH  
ANNUAL REPORT

OF THE  
AYR DISTRICT ASYLUM

FOR THE  
COUNTY OF AYR.  
GLENGALL, BY AYR.

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1904.

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MEDICAL AND ADMINISTRATIVE STATISTICS FOR THE YEAR,  
1ST JANUARY TO 31ST DECEMBER, 1904.

FINANCIAL AND INDUSTRIAL STATISTICS FOR THE YEAR,  
16TH MAY, 1903, TO 15TH MAY, 1904.

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AYR:

Printed by FERGUSON & COX., at the *Observer* Offices,  
1905.



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# AYR DISTRICT LUNACY BOARD.

(Nine Members from the County Council, and three Members from the Royal and Parliamentary Burghs).

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Colonel R. M. POLLOK-MORRIS of Craig (*Chairman*).

R. M. DAVIDSON of Drumley.

Sir JAMES FERGUSON, Bart., of Kilkerran, M.P.

JOHN GOLDIE, Newmilns.

J. C. MONTGOMERIE of Dalmore.

R. A. OSWALD of Auchincruive.

H. M. POE, Pyperstone, Hollybush.

Colonel J. G. STURROCK, Thorntoun House, Kilmarnock.

JAMES WYLLIE, Elmslie, Ballieston.

Treasurer GEMMILL, Kilmarnock.

Treasurer TAIT, Ayr.

Provost BORLAND, Irvine.

(Three a quorum).

## **House Committee.**

Colonel R. M. POLLOK-MORRIS of Craig (*Convener*).

R. A. OSWALD of Auchincruive.

Treasurer GEMMILL, Kilmarnock.

(Two a quorum).

## **Farm and Garden Committee.**

Colonel R. M. POLLOK-MORRIS of Craig (*Convener*).

R. M. DAVIDSON of Drumley.

J. C. MONTGOMERIE of Dalmore.

H. M. POE, Pyperstone, Hollybush.

(Two a quorum).

*Clerk and Treasurer*—JAMES ED. SHAW, County Buildings, Ayr.

## ASYLUM STAFF.

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<i>Medical Superintendent,</i>	-	C. C. EASTERBROOK, M.D., F.R.C.P., Ed.
<i>Senior Assistant Physician,</i>		J. C. MOTTRAM, M.B. (Lond.), M.R.C.S.
<i>Junior Assistant Physician,</i>		G. RUTHERFORD JEFFREY, M.B., Ch.B.
<i>Consulting Physician,-</i>	-	CHAS. HOLLAND SKAE, M.D.
<i>Visiting Chaplain,</i>	-	Rev. S. MARCUS DILL, Alloway.
<i>Matron,</i>	-	Miss MARGARET ALISON.
<i>Assistant Matron,</i>	-	Miss GERTRUDE BINNING.
<i>Head Attendant,-</i>	-	Mr JOHN A. CARNEGIE.
<i>Clerk of Works, -</i>	-	Mr WILLIAM MORRISON.
<i>Steward, -</i>	-	Mr CHARLES BLACK.
<i>Assistant Steward,</i>	-	Mr JAMES M'DONALD.
<i>Gardener, -</i>	-	Mr GEORGE CROCKATT.
<i>Assistant Gardener.</i>	-	Mr JOHN KAYE.

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### **Clinical Clerk,**

WILLIAM GEMMILL, M.A. (August and September, 1904).



# Medical Superintendent's Annual Report.

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MR CHAIRMAN AND GENTLEMEN,

I have the honour to lay before you the Thirty-Fourth Annual Report of the Ayr District Asylum, for the year 1904, with the Reports of the Commissioners in Lunacy for Scotland, and various Statistical Tables. The Medical Tables contain the statistics for the year 1st January to 31st December, 1904; the Financial and Industrial Tables contain the returns for the Financial Year, 16th May, 1903, to 15th May, 1904.

Statistical Year  
—1st January  
to 31st Decem-  
ber, 1904.  
Financial Year  
—16th May,  
1903, to 15th  
May, 1904.

## Medical Statistics.

Movements of  
Population and  
Results of  
Treatment dur-  
ing 1904.  
General Table  
I.)

On the 1st of January, 1904, there were on the Asylum Registers 518 patients, of whom there were 250 men and 268 women. During the year there were 140 admissions, of whom there were 73 men and 67 women; 91 discharges, of whom there were 49 men and 42 women; and 59 deaths, of whom there were 25 men and 34 women; thus leaving on Registers on the 31st of December, 1904, 508 patients, of whom there were 249 men and 259 women.

During the year 56 patients were discharged recovered, of whom there were 29 men and 27 women, and 35 patients were discharged unrecovered, of whom there were 20 men and 15 women.

The total number of patients under treatment was 658, of whom there were 323 men and 335 women. The average number resident daily during the year was 517·00, of whom there were 253·50 men and 263·50 women.

These numbers refer entirely to rate-paid, or "pauper," lunatics, there being no accommodation in the asylum for "private" patients. Occasionally a "criminal" patient, who has become insane during the period of sentence in gaol, is sent to the asylum, and is chargeable to the prison authorities until the expiry of the period of sentence, upon which the patient becomes chargeable to the parish council admitting liability.

The *Recovery Rate* for the year, based on the total admissions, was 40·0 per cent. (men 39·7 per cent., women 40·2 per cent.), which closely corresponds with the average of 39·7 per cent. for the Royal and District Asylums of Scotland in the previous year, 1903. The *Recovery Rate*, based on the total admissions *minus* the transfers from other asylums and lunatic wards of poorhouses, was 42·7 per cent. (men 41·4 per cent., women 44·2 per cent.) but based on the total admissions *minus* the transfers as above

and *minus* the removals from private care of congenital and long-standing unrecovered lunatics, that is, based on the admissions (direct) from the community of persons suffering from a fresh attack of insanity, was 44·8 per cent. (men 43·9 per cent., women 45·7 per cent.)

The *Death Rate* for the year, based on the total number under treatment, was 8·9 per cent. (men 7·7 per cent., women 10·1 per cent.); but based on the average resident population, was 11·4 per cent. (men 9·8 per cent., women 12·9 per cent.) This exceeds the average for the Royal and District Asylums of Scotland during the previous year 1903, viz., 9·7 per cent. (men 10·1 per cent., women 9·4 per cent.), and, as may be seen, was due to a relatively high mortality amongst the women.

Monthly  
Incidence.  
(General Table  
II.)

As to the *Monthly Incidence* of the Admissions, Discharges, and Deaths during 1904, it is noteworthy that nearly a third of the admissions and nearly a half of the deaths occurred during the first quarter of the year.

Relative  
Chargeability to  
Parishes of Ayr-  
shire. (General  
Table III.)

As to the *Relative Chargeability* to the various Parishes in the County of the patients who were admitted or discharged, or who died during the year, Ayr and Kilmarnock with their large populations naturally stood considerably above the rest, and were remarkably close to one another—Ayr's record for admissions, discharges and deaths respectively being 24, 17, and 10; as against Kilmarnock's 23, 15, and 10. As regards the number of patients remaining in the Asylum at the end of 1904, Ayr held the lead with 101, Kilmarnock came second with 67, and with the exception of Dundonald with 22, Maybole with 21, and Stevenston with 20, the other Parishes had less than 20 patients each on the Asylum books.

Ratio of Insan-  
ity to Popula-  
tion in Ayrshire.  
(General Table  
IV.)

As to the *Ratio of Insanity to Population*, Ayrshire is a sane County, for according to the Blue Books, the County of Ayr at the 1901 census came out 28th amongst the 33 counties of Scotland, arranged according to the prevalence of total insanity in them, and 22nd on the "insane" list of counties as regards "pauper lunacy" only. There were 682 pauper lunatics in Ayrshire known to the General Board of Lunacy on 1st January, 1904. Taking the population (corrected) of Ayrshire on that date at 262,200, I would estimate the ratio of pauper lunacy to population in Ayrshire during 1904 at 260 per 100,000, or 26 per 10,000, or 2·6 per 1000, and these figures give a useful basis for comparison with the actual number of lunatics chargeable to each of the 44 parishes in the County.

Amount of  
Lunacy in Ayr-  
shire treated in  
Asylum since its  
Opening.  
(General Table  
V.)

Since the opening of the Asylum in 1869 there have been nearly 4600 admissions, nearly 2000 recoveries, nearly 1000 non-recoveries, and over 1100 deaths, and there remain over 500 resident in the Asylum.



## A.—THE ADMISSIONS

The Statistics  
as to the  
Admissions  
during 1904  
refer to 138  
persons—72 men  
and 66 women.

During the year the total admissions were 140 (men 73, women 67). Of these 1 man and 1 woman were admitted a second time during the year, the former (a criminal case) being re-certified on expiry of his prison sentence, the latter requiring to be sent back to the Asylum owing to a relapse two months after her discharge. There were thus in all 138 different persons admitted (men 72, women 66), to whom the following data refer. The great majority of the patients were admitted directly from the County owing to the onset of a distinct attack of insanity, the remaining small proportion comprising transfers from asylums and poorhouses, and removals from private care of congenital and old-standing unrecovered cases. These 138 admissions may be taken as representative of the class of lunacy practice met with in our Scottish County Asylums, and, at the same time, they may give a special indication of the main causal factors and local conditions associated with the production of insanity in Ayrshire.

History-taking  
in the Insane

An attempt to ascertain the "history" was as usual made in every case, with the following result. In no case was it found impossible to obtain through the various sources of information available, namely, the parochial or police officers, the intimate relatives or friends of the patient, and the patient himself or herself, when sensible enough, a sufficient "personal history" of the patient's present attack and past illnesses, habits, traits, and state of health and mode of life generally; and in the cases of only 6 men and 5 women was it found impossible, owing to the absence of suitable informants, to ascertain a "family history" bearing on the possible existence of hereditary tendencies. The "family histories," however, were frequently imperfect, and in consequence more negative in information than those of patients belonging to the better educated classes. In any given case for purposes of treatment, however, the "personal history" is the more important, and this was obtained in every instance. In some quarters of late there has arisen a tendency to decry the possibility of obtaining a satisfactory "history" in the case of insane patients belonging to the poorer classes, and to disparage its reliability; but in view of the fact that without a "history," in a mental case beyond all others, it is except in obvious cases impossible to form an opinion worthy of the name, and quite apart from the important bearing of this subject on the future elucidation of the insanities, I think it the physician's duty to his patient not to rest satisfied until he has ferreted out and sifted all the facts necessary to enable him to arrive at a proper working diagnosis and prognosis. What it is desirable to know in every given case is "the truth, the whole truth, and nothing but the truth," and to ascertain this with any degree of success implies the possession of certain qualities of mind, to wit, chiefly (1) the desire to know the truth, (2) the energy to



pursue it, (3) tact in eliciting it, and (4) ability to tell the true from the false, to discriminate between the valuable and the worthless clues of evidence, to discard the latter and follow up the former. The taking of a "history" in our mental patients is no more impossible than in the case of the inmates of our ordinary medical and surgical hospitals; it is imperative in the full interests of the patient; and it is just as important in fatal cases as the pathological examination which should follow, with a view to the furtherance of our knowledge in what is admitted to be the most intricate and obscure group of diseases to which man is subject. The disparagement of the arm-chair critics is all the more regrettable as being highly inimical to progress in our understanding and treatment of insanity.

The following data represent the positive results of the enquiry into all the factors deemed worthy of investigation in each of the 138 persons (72 men and 66 women) admitted, because of their possible etiological significance in relation to the attack of insanity present.

Age and Marital  
State (Admis-  
sions Table I.)

As to *Age*, there were 33 under the age of 30, the main period of development; 23 at the age of 60 or over, the main period of decadence; and 82, or nearly two-thirds of the patients, between the ages of 30 and 60, the main period of maturity and of wear and tear. The youngest patients were a girl of 14, and a boy and a girl of 15; the oldest were a woman of 76 and two men of 81. The mean age on admission was 43.12 years, being 44.04 for the men and 42.20 for the women.

Marital State.

As to *Marital State*, there were 65 single, 44 married, 23 widowed, and 6 divorced or separated. The single patients thus numbered almost as many as the rest together.

Nationality,  
etc. (Admissions  
Table II.)

As to *Nationality*, there were 114 Scottish, 17 Irish, 6 English, and 1 Canadian.

Religion.

As to *Religion*, there were 114 Presbyterians, 19 Roman Catholics, and 5 Episcopalians.

Education.

As to *Education*, 19 were unable to read or write; 10 could read only; 87 were moderately educated, of a standard comparable to that of primary education; 18 were well educated, of a standard comparable to that of secondary education; and 4 were more highly educated, having had a more or less specialized or technical training for professions.

Occupation.

As to *Occupation*, 53 were engaged in industries, 42 in domestic occupations (these were all women), 18 in agriculture, 12 in commerce, and 4 in professions.

Heredities.  
(Admissions  
Table III.)

As to *Heredities*. A "Family History," as before mentioned, was not obtainable in the cases of 6 men and 5 women. In the cases of the 66 men and 61 women in which it was obtained, it was often imperfect through ignorance and want of education, or actual lack of the knowledge, or perhaps in some cases deliberate *suppressio veri* on the part of the informant. For these reasons, therefore, where the enquiry into the occurrence of disease

tendencies amongst the families of the patients elicited nothing positive beyond the fact of their denial, it was not taken for granted that they did not exist. In fact, in the cases of the families of 14 men and 15 women in which hereditary tendencies were entirely unacknowledged to be present, and in which the family was presumably healthy and long-lived, there were only 3 families (the relations of 1 man and 2 women) in which longevity was really a feature. In tabulating (see Admissions Table III.) the hereditary tendencies acknowledged to be present in the various families, I have arranged them according to their occurrence under the following heads or "Degrees":—

1. Parents (both, father only or mother only), 1st Degree.
2. Brothers and Sisters (two or more, brother only or sister only), 2nd Degree.
3. Grandparents (both sides, one side), 3rd Degree.
4. Uncles and Aunts, 4th Degree.
5. Cousins, Remote and Indefinite Relatives, 5th Degree.

These Degrees represent the order of affinity of blood relationship to the patient, and the prepotency of the family as regards possible hereditary tendencies. This being so, and in order to shew the number of *families* exhibiting such tendency—as distinguished from the total number of individuals exhibiting the same, for one family frequently provided several instances of the same tendency, for example, consumption in father, brother, and cousin—whenever any hereditary tendency was found to be present in a family, it was recorded only once in the Table of Heredities, being marked in the column for the nearest blood relative affected.

Amongst the families of the 66 men, Insanity was acknowledged in 24 instances or 36 per cent.; Tuberculosis (consumption, etc.), 17 per cent.; Alcoholism, 12 per cent.; Paralysis (chiefly apoplexy), 11 per cent.; Cancer, 9 per cent.; Rheumatism,  $7\frac{1}{2}$  per cent.; "Heart Disease,"  $7\frac{1}{2}$  per cent.; and Epilepsy,  $4\frac{1}{2}$  per cent. Amongst the families of the 61 women, the family tendencies were as follows:—Insanity, 44 per cent.; Phthisis,  $24\frac{1}{2}$  per cent.; "Heart Disease," 11 per cent.; Epilepsy, 8 per cent.; Paralysis, 8 per cent.; Rheumatism,  $6\frac{1}{2}$  per cent.; Cancer,  $6\frac{1}{2}$  per cent.; and Alcoholism, 5 per cent. Other tendencies were present in the various families, for example, Asthma, Bright's Disease, and Diabetes, but to a lesser extent than the above mentioned.

*Congenital Mental Defects and Errors*, including Deaf-Mutism, were present in 11 persons or 8 per cent., and in 7 persons were sufficient in degree to constitute the insanity.

*Insane and Neurotic Constitution* was present in 56 persons or 40 per cent.; and in other 29 (21 per cent.) there had been *Previous Attacks*, or a previous attack, of insanity. 14 persons had had one previous attack, 5 two attacks, and 10 more than two attacks; and the first or only attack, as the case might be, had

Congenital  
Deficiencies,

(Admissions  
Tables IV. & V.)

Psychoses.  
(61 per cent.)



come on before the age of 30 in 12 persons, between 30 and 60 in 16 persons, and after the age of 60 in 2 persons. The Insane and Neurotic Constitution was in itself a sufficient factor to account for the attack of insanity in 17 patients.

Neuroses.

*Epilepsy* occurred in 7 persons, or 5 per cent., being congenital in one case, and acquired in the other 6 cases, in which it was the main factor of the attack.

Paralyses.

*Paralyses and other Gross Nervous Diseases* were exhibited in 19 patients, or 13 per cent., and were the proximate factor in 9 general paralytics and 4 other cases.

Other Bodily Diseases.

*Other Bodily Diseases and Morbid Visceral Conditions* met with in the patients admitted were, to mention the chief in order of frequency, as follows:—Anaemia and other Blood diseases in 34 persons, 24 per cent.; Bronchitis and Emphysema of Lungs in 26, 19 per cent.; Heart Disease and Arterial Degeneration in 25, 18 per cent.; Emaciation in 19, 14 per cent.; Tuberculosis, including Phthisis of Lungs and Struma of Glands in 15, 10 per cent.; Catarrh of Stomach and Intestines in 12, 8 per cent.; Sepsis and Fevers, as Pneumonia, Influenza, and Infective Endocarditis, in 10, 7 per cent.; former Syphilis (acquired) in 10, 7 per cent.; Eczema and other Skin Eruptions in 8, 5 per cent.; Chronic Rheumatism in 6, 4 per cent.; Chronic Bright's Disease in 2 persons; and Congenital Bodily Defects and Deformities in 7 patients, 5 per cent. The above mentioned bodily diseases seemed to be the main factor at work in leading to the attack of insanity in 9 persons.

Crises of Life.

*The Epochal and Reproductive Crises of Life* had to be reckoned with as important factors in no less than 80 persons (58 per cent.), namely:—Puberty in 4, Adolescence in 27, Climacteric or Change of Life in 26, Senility in 14, Pregnancy in 3, Childbirth in 4, and Lactation in 2. In many cases, 56 in all, these physiological crises were the chief or only factors present to account for the attacks of insanity, the stress of the physiological change—and possibly some poison or "toxine" elaborated in the process—bringing out an inherent weakness or instability of the nervous system.

Bad Habits.

*Unhealthy Modes of Life*, or bad habits, in relation to food, drink, work, sleep, and ways of living generally, had been exhibited by a large number of patients previous to admission or during past life, those addicted to alcoholic excess being in the great majority (43 persons, or 31.2 per cent.), and frequently offending in other directions, as towards vice, crime, vagrancy, and idleness. In these cases it is sometimes difficult to say whether the alcoholism is the cause of the insanity or merely a phase or symptom of an inherent degeneracy or of an attack of insanity of a different kind. But careful enquiry into the past history combined with the clinical findings usually enables one to come to a diagnosis. Of the 43 patients addicted to alcohol, I found that in 24 the alcoholism was symptomatic of other varieties of insanity



(*e.g.* adolescent, climacteric, epileptic, recurrent, etc.), and was frequently indicative of an ill-balanced neurotic constitution ; and that in 19 cases (13·7 per cent.) the alcoholism was the cause of the attack. This is a considerable fall from the 25·9 per cent. of alcoholic insanity in last year's record. Comparing the admissions of 1904 with those of the previous year, I find the main difference to be in the number of cases of alcoholic insanity. The figures for the alcoholic cases during the previous year were as follows—Men 39·6 per cent., women 10·8 per cent., both 25·9 per cent. ; as against those for 1904—Men 20·8 per cent., women 6·0 per cent., both 13·7 per cent. The total admissions for 1904 are 15 below the average of recent years, and this fall in the admissions is mainly accounted for by the decrease in the alcoholic cases, and is probably to be best explained by the depression of home trade during 1904. With depression of trade and diminution of employment there has been less money to spend and less drinking. It has frequently been observed by others that the statistics of drunkenness, crime, and lunacy vary directly to an appreciable extent with the oscillations of trade and state of employment in given localities. A year of prosperity means more drinking, and an extra quantum of drunken crime and alcoholic insanity ; whereas in less prosperous times the community is more sober, better behaved, and steadier in the head. This is not an argument against prosperity, which is highly desirable and welcomed by all, for it does not follow that *because* there is more prosperity there *ought* to be more drinking. The real mistake is that there *is* more drinking, and the mistake is made through *ignorance* on the part of "the man in the street," as to how much alcohol he may consume day by day with impunity and without harm to himself. I think that I am well within the margin of truth when I state that fully fifty per cent. of the inhabitants of these islands who drink, that is a good half of the non-teetotalers, daily exceed the equivalent of the one and a half ounces of absolute alcohol which have been proved by direct physiological experiment to be the limit of daily consumption by the body without injurious effects. Now, one and a half ounces of absolute alcohol daily are equivalent to three ounces or six tablespoonfuls of whisky or brandy in the 24 hours. How many are there of those who consider themselves moderate-drinkers because they never "feel the effects" or "the worse of" it as they say, who do not exceed this standard, even amongst the educated classes? And when one comes to the lower classes, who are more ignorant, grosser in their drinking, and drink cheaper and less wholesome whisky, it is easy to realise that many a poor working man in the community who simply drinks his "share" and does not consider himself a drunkard, is, *through ignorance*, slowly poisoning himself with alcohol. Let him "stick to his three ounces a day," if he feels the better of it, mentally and bodily, and let the liquor be good. In addition to

the depression in home trade there is another possible explanation of the decrease in our alcoholic cases during 1904. On enquiry from Captain M'Hardy as to whether there has been any diminution in drunkenness, and offences and crimes attributable to drunkenness, in the County during 1904, he informs me that, although his returns are not yet fully available, from general information to hand from the constabulary throughout the County, he is of opinion that there has been much less drunkenness in the County in 1904 than in previous years, and he is inclined to attribute this decrease chiefly to the working of the Licensing (Scotland) Act, 1903, which came into operation on 1st January, 1904.

Emotional  
Factors.

*Mental, or Emotional and "Moral" Factors*, such as worry, anxiety, disappointments, bereavements, grief, etc., in all the various relationships of life, were met with as factors in 35 instances (25 per cent.), and combined with overwork and want of rest, recreation, and fresh air, were mainly accountable for the attack of insanity in 10 persons.

Varieties and  
Forms of  
Insanity in the  
138 Persons  
Admitted—  
(Admissions  
Table VI.)

Having thus surveyed the various etiological factors which were found to be present, from the history and the examination, in the 138 patients, and having indicated the extent to which these various factors were operative in the groups of patients exhibiting them, I am now in a position to state the different kinds of insanity from which the Ayrshire patients in 1904 were suffering on admission into the Asylum. They were in order of frequency as follows:—Alcoholic Insanity in 19 persons (13·7 per cent.) Climacteric Insanity in 19 persons, one of whom was a dement of old standing but originally a climacteric case. Adolescent Insanity in 19 persons, two of whom were similarly dement of long standing but originally adolescent cases; closely allied to this group were 2 cases of the Insanity of Puberty. Recurrent Insanity in 12 persons. Idiopathic Insanity in 10 persons from worry, wear and tear. General Paralysis in 9 persons—8 men (6 with specific history) and 1 woman. The Insanities associated with Child-bearing in 8 persons, namely 4 Puerperal (one of these being an old standing case but originally puerperal), 2 Gestational and 2 Lactational cases. Senile Insanity in 8 persons. Congenital Insanity in 7 persons, namely 2 Idiots, 3 Imbeciles, and 2 Defectives. Epileptic Insanity in 6 persons. Paralytic Insanity in 4 persons, from Cerebral Apoplexy (2), Thrombosis (1), and Embolism (1). And other rarer varieties of Insanity which can be seen by referring to Admissions Table VI.

The *Forms of Insanity* manifested by the above persons were Mania in 53 cases, Delusion and Hallucination in 30, Melancholia in 21, Stupor, Confusion, and Delirium in 20, and Dementia and Enfeeblement in 14.

Suicidal and  
Homicidal  
Tendencies.—  
(Admissions  
Table VII.)

*Suicidal and Homicidal Tendencies* were exhibited before admission by many of the patients sent in. Thus *Suicide* was meditated or threatened by at least 19 patients, and was



attempted by 18 persons, the forms of attempt being by cut-throat in 4, poisoning in 4, strangulation in 4, precipitation from a height in 3, drowning in 1, self-mutilation in 1, hanging in 1, and precipitation before a train in 1. *Homicide* was threatened by 30 persons, and attempted in the form of assaults with violence by 26 patients.

The *Duration of the Insanity* on admission in those admitted was Recent or "Acute" (under 6 months) in 87, or about two-thirds of the cases; "Sub-Acute" (between 6 months and 2 years) in 25 cases; and "Chronic" (2 years and over) in 26 cases.

The *Grade of the Insanity, or State of Mental Reduction* on admission in those admitted was Mild or "Simple" in 6 cases, Moderate in 55, and Severe in 77.

The *State of the Bodily Health* in the admissions was Fair in 38 persons, Poor in 65, and Weak in 35.

The *Prospect as to Mental Recovery* on admission in those admitted was Good in 57 cases, Doubtful in 47, and Bad in 34, although in many of the latter there was the probability of sufficient improvement to justify their discharge later.

#### B.—THE DISCHARGES.

There were in all 91 Discharges (49 men, 42 women). Of these 1 man, a criminal case who was technically discharged on the expiry of his sentence but being still insane was re-certified, and who was finally transferred to another Asylum in Scotland, was thus discharged twice, making therefore only 90 Persons discharged (48 men, 42 women), of whom 56 (29 men and 27 women) left the Asylum recovered to rejoin the community and return to their friends.

Amongst the Recoveries the chief varieties of insanity to which they had been subject were alcoholic, adolescent, climacteric, and recurrent, manifested mainly in the forms of mania, and delusion and hallucination. Nearly all the recoveries occurred between the ages of 20 and 60, the mean age on recovery being 39.6 years (men 36.5, women 42.8). Nearly one-half (26) of the recoveries got well within six months of the onset of the illness, but fully one-third had taken from six months to two years, and nearly one-sixth had taken two years or longer.

#### C.—THE DEATHS

The *Number of Deaths* during the year was 59 (men 25, women 34).

The *Mean Age at Death* was 56.5 years (men 59.6, women 53.4), a considerable rise from the mean age (51.9) of the preceeding year, and due to the large proportion of deaths of old women especially.

*Post-Mortem Examinations* were made in 53 instances, or 90 per cent, the consent of the relatives being refused in only 6 cases. The chief *Causes of Death* were senile decay in 10 cases,

Duration of  
Insanity on  
Admission.—  
(Admissions  
Table VIII.)

Mental  
Reduction.—  
(Admissions  
Table IX.)

Bodily Health.  
(Admissions  
Table X.)

Prognosis.—  
(Admissions  
Table XI.)

The Recoveries.  
(Discharges  
Tables I and II)

The Deaths.—  
(Deaths Tables  
I and II.)



pulmonary tuberculosis in 7, general paralysis in 6, and various forms of heart disease in 6, the other causes of death being shown in Deaths Table I. The death rate from pulmonary tubercle and from general paralysis was lower in 1904 than it was during the previous year. The chief feature of the death rate in 1904 was the high mortality of old women from simple senile decay and intercurrent affections.

The *General Health* of the Institution in 1904, apart from a slight outbreak of influenza during the first quarter, was good.

The *Casualties* of importance were only three in number, two being simple fractures in old people from accidental falls, and the third an eye injury with partial loss of sight in the member affected, due to one patient striking the other in the eye with the stem of his pipe.

## Administrative History.

### A.—THE PATIENTS.

A quiet year on the whole amongst the Patients.

During 1904 there has been no essential change made in the administrative arrangements relating to the classification, feeding, clothing, medical treatment, employment, amusements and recreations, and religious ministrations of the patients. These matters were gone into fully in last year's Report, and the arrangements continue to work smoothly. With the exception of the usual sprinkling of malcontents and turbulent spirits who find a haven in every similar Institution, the patients have, on the whole, been quiet and contented and as happy as could be expected. Only two patients escaped, but both were brought back in safety next day. In the treatment of mental excitement in general, by the prescription in most cases of rest in bed, if necessary in the quieter atmosphere of an observation bedroom with a nurse in constant attendance, and if necessary supplemented by the use of sedatives, and in other more suitable cases by the prescription of exercise or rest in the fresh air, supplemented if necessary by sedatives, it has practically become unnecessary to resort to the old method of locking the patient up in a room by day; but I would not hesitate to do so if it became necessary in the interests or safety of the patient, fellow-patients, or officials in charge. A permanent 24 hours' daily record is kept of all sedatives and hypnotics used in the Institution, and is subject to daily revision by the assistant physicians and to weekly revision by myself.

Treatment of Mental Excitement.

Employment. (Industrial Tables).

As regards employment, two thirds of the patients of each sex were, on the average, daily engaged in useful work during the year. Of the men workers nearly one half as a rule were employed out of doors daily on the grounds, gardens, roads and woods, and nearly one-half indoors at men's work in the wards, and in a few cases in the workshops giving assistance to the tradesmen. All able-bodied men sufficiently trustworthy and willing are employed out of doors, the proportion always being higher during the summer months. Of the women workers, all of whom were employed

indoors, usually a third worked in the laundry and kitchen, a third at sewing and knitting, and a third at housework. A reference to the Industrial Tables will give an idea of the value of the work done in certain departments, in some largely by patients, for example the laundry (over £1200) and sewing rooms (over £300), and in others to a lesser extent, for example the baker's, tailor's, shoemaker's and joiner's workshops, and in still others to hardly any extent, for example the engineer, plumber, and painter departments. It should be noticed that no estimate is made of the large amount of useful work done daily in the kitchen, and in the wards at house work, and out of doors in connection with the keeping of the grounds, gardens, etc., in proper use and order.

#### Recreations.

As regards recreations and amusements, the only point specially worthy of comment was the successful record of matches during the cricket and football seasons against outside clubs, in which both officials and patients took part.

#### B.—THE STAFF.

#### Medical Staff.

Dr Cramb resigned in March to take up private practice near Glasgow; and in July Dr Simpson resigned in order to pursue his studies at Cambridge and London with a view to specializing in Public Health. Dr Mottram and Dr Jeffrey were appointed to the vacancies thus arising. To all my acknowledgments are due for much valuable assistance in the discharge of their various duties.

#### Chaplain

Our Chaplain was able to resume work during the Spring after a period of illness, and we are delighted to see him strong and well again amongst us.

#### Assistant. Matron.

An Assistant Matron had been a long felt want in the Institution to aid the Matron in her supervision not only of the women's wards and nursing staff but also of the highly important departments of the kitchen, laundry, and sewing rooms. In July Miss Binning, who had received her training in the Western Infirmary, Glasgow, was appointed to the new post, and it gives me pleasure to report that the arduous work of Miss Alison's department runs smoothly and efficiently.

A good year of sound and solid work was done in Mr Carnegie's department.

#### Assistant Steward.

Similarly, in the Commissariat Department of the Asylum, an Assistant Steward had long been required, and in July Mr James M'Donald, storeman at the Midlothian and Peebles Asylum, was appointed to assist Mr Black. The allocation of the respective spheres of duty of the Steward and Assistant Steward, and of the books for whose proper keeping each is responsible, and the regulation of the days and hours for the reception and issue of stores, have resulted in a much more satisfactory control and efficiency in this very important department.

#### Tradesmen and Servants.

No changes occurred amongst the tradesmen during the year. Amongst the servants changes were fairly numerous, especially in



the kitchen, but a new cook has been appointed and the staff is steadying down.

Attendants and Nurses.

The changes amongst the Attendants and Nurses were less numerous than formerly. Six left for promotion elsewhere, three owing to illness, one to take up private nursing having gained the nursing certificate, others left voluntarily to try a change of work, and two were dismissed—an attendant for intoxication, and a nurse for staying away without leave, both after due warning.

Nursing Certificate Examination held for the first time in Asylum in May, 1904, and 8 Candidates pass.

The introduction of the course of training which is necessary for gaining the Mental Nursing Certificate of the Medico-Psychological Association of Britain, has, I am pleased to say, been productive of tangible results. During the winters of 1902-3 and 1903-4 I gave the necessary Courses of Lectures, and in May, 1904, by which time the requisite conditions of training had been fulfilled, eight candidates (four attendants and four nurses) passed the examination and gained the Certificate for the first time in the history of the Institution. These attendants and nurses receive an annual bonus of £1 at Christmas so long as they continue in the service. This winter the Lectures have been apportioned amongst the Medical Staff.

### **The Accommodation, Additions, Alterations, and Improvements.**

The chief works during the year, which have to do with the Fabric and Plant of the Institution, have been in connection with the New Railway, the Installation of Electric Light, the commencement of the New Hospital, and the completion of other important works previously in progress.

1. Railway Siding and Branch Railway to Boiler House

1. A year ago a *Railway Siding*, off the Glasgow and South-Western Railway, had been decided upon as of permanent benefit to the Asylum, in lowering the contracts for the New Hospital, or any other possible extensions in years to come, and in effecting an annual saving in the cost of coal and other supplies. The method of transport from Siding to Boiler House and Hospital site was under consideration, and on the recommendation of Mr Allan Stevenson, it was decided to run a *Branch Railway* from the Siding to the Boiler House, it being necessary for the working of the branch—in accordance with the Railway Company's conditions—to have a signal box as a block post with signaller in attendance, and all necessary main line and siding signals, and to make the Siding parallel to the main line and long enough to hold a train during shunting operations. The terminal buffer of the Siding is well beyond the wooden bridge which crosses the main line to High Glengall Farm; and the Branch Line has two terminal buffers, one in the boilerhouse yard at the depot for dross, and one at a parallel depot close at hand in the garden, and next to the main avenue of the Institution. The latter depot will be for house coal and other heavy stores, and the stone and other material for the New Hospital. The Branch line traverses



the new field acquired in connection with the scheme (and carrying with it right of access from Maybole Road), the "meadow" field (here the necessary loop-line is situated), and the large kitchen garden. The water supply of the new field and men's villa field, and of the two high fields on High Glengall Farm beyond the villa wood, was temporarily cut off by the line, but was restored by short pipes from our own water main and storage tank. The contractor for the Railway Siding and Branch, Mr H Lapraik, High Blantyre, began the work in the middle of April but through endless delays owing to difficulties from slipping of banking at the Siding, alterations of plans, etc., the line is not yet completed. The contractor has been able to bring in ballast since November, and it is highly important that the work be accelerated to a finish, and the line be officially declared open for traffic by the railway authorities, for the contractors for the mason and wright work of the New Hospital are already being kept back. As regards the upkeep of the new line, the Asylum authorities have to pay the signalman's wages and to maintain the Branch.

2. *Installation of Electric Lighting.*—Tenders for the various Sections were submitted by Mr W. Maxwell Stewart, and accepted in May, 1904. Section I.—Boiler, Pump, Pipings, etc., going to Sir Hiram Maxim & Coy.; Section II.—Buildings, to Messrs J. & D. Meikle, Ayr; Section III.—Engines, Dynamos, and Main Switchboard, to Messrs Bruce Peebles; and Section IV.—Electric Wiring and Mains, to Messrs Lowdon Bros., Dundee. The work was commenced with the wiring in July, and is approaching completion. A new chimney has replaced the former smaller one, and was in use for the first time on 13th October. A new boiler of higher pressure than those already in use was necessary, and this was safely housed by the first week of December. An extension of the boiler house, for the engines, dynamos, and main switchboard, was also built in due course, and the latter are now in process of erection within it.

3. The tenders for the *New Hospital* were submitted in October by Mr John B. Wilson, and accepted as follows:—Excavator, Mason, and Brick works to D. Kirkland, Ayr; Carpenter, Joiner, and Glazier works to W. M'Leod & Sons, Dumbarton; Plumber work and Slater work to Wm. Auld & Sons, Ayr; Plaster and Concrete works to Wm. Forbes, Glasgow; Iron and Steel works to P. & W. M'Lellan, Glasgow; Tile and Terrazzo works to Kean & Wardrop, Glasgow; Painter work to Willock & Sons, Ayr; and Ironmongery to James Gibbons, Wolverhampton.

The excavations for the foundations were begun on 14th November, 1904, but the contractors for the mason work and wright work are unable to get in their material owing to non-completion of the railway, and this delay at the outset of their work is regrettable.

4. *Wards III. in the North Wings*, in which the patients of more deteriorated habits are accommodated, were enlarged during

2. Electric  
Lighting  
Installation.

3. New Hospital

4. Enlargement  
of Wards III.  
in the North  
Wings.

the summer by incorporation in each case of two single rooms and the entrance corridor into the body of the ward. This has greatly improved the appearance, ventilation, and elbow-room of the two wards, and there has been quite a distinct diminution in the amount of excitement in these wards since the patients returned to them, as the result of more space to move about in. The use of these wards also has been much increased by this alteration, for they are now large enough to be used as independent wards; formerly they were too small for this to be done with economy to the administration.

5. Enlargement of Attendants' and Nurses' Messrooms into Messroom Parlours.

5. *The Attendants' Messroom and Nurses' Messroom* on each side of the Dining Hall have similarly been enlarged by incorporation of two adjoining single rooms in each case, making nice, bright rooms for use as messroom-parlours, and thus relieving the necessity of using as parlours, as was done last year, the small dressing rooms off the old central bathrooms, these dressing rooms being required as part of the original scheme for the extension of the Stores on the Men's side and of the Servants' quarters on the Women's side. It has thus now been possible to complete this scheme, and the extra room in the Stores has been found of great advantage, and the cook and laundress enjoy the privacy of a room each.

The internal alterations above referred to, in the Messrooms and in Wards III., were carried out, under the instructions of Mr Morrison, by the Asylum tradesmen aided by patients.

6. Septic Tank.

6. *The Enlargement of the Septic Tank* was completed in Spring, and the effluent is now more clear, but the valves which control the flow of sewage from the tank into the beds, and which are supposed to work automatically, require daily attention.

7. Water Main.

The new 6in. *Water Main*, after a long delay from troublesome leakages, was at last declared ready for use in March, and remains satisfactory, there being excellent pressure and no increase of leakage since the main was taken off the hands of the contractors.

8. Fire<sup>1</sup> Arrangements.

*The Fire Exit Iron Stairways*—the principles in the construction of which were suggested by me to the Clerk of Works, who conveyed the ideas to paper in a set of well-executed designs, and personally supervised the construction of the staircases at the ironfounders—were completed in June and inspected by Fire-master Pordage of Edinburgh, who pronounces them "the most simple and efficient he has seen." Mr Morrison has devised an ingenious contrivance for preventing the improper use of the fire-exit doors, which, of course, must be capable of being opened at any time with the ordinary ward keys. The new *Fire Station* for the hose cart and firemen's fittings is at present in course of construction, at the boiler house and electric station, which during night-time will be in charge of the night engineer. Tenders for a *Fire Alarm System* of electric push-bells are at present under consideration. In each ward and dormitory, villa, recreation hall or other important section, there is to be a push-bell—placed at



or near a door of exit and on an outside wall if possible—on pressing which a hooter will sound by day, but not by night, the fire brigade quarters being automatically rung up instead, and in either case at the same time an alarm bell will be set off at the fire station, and an indicator plate will fall showing to the official on duty at the boiler house, and to the fire brigade on arrival, the site of the conflagration. In such an emergency the duty of the senior attendants or nurses in charge at the time is to see to the safe removal of the patients, and of the juniors to help the brigade in extinguishing the fire. A senior nurse or attendant sleeps within hail of every observation dormitory, and can be roused by the night official in charge of said dormitory in the event of any emergency requiring assistance. The proposal to centralize the sleeping quarters of the junior staff in comfortable cubicles erected in the long dormitories in the Administrative Section is under consideration at present. As these dormitories are in close proximity to the messroom-parlours of the said officials, this arrangement would conveniently form the nucleus of an attendants' home and a nurses' home in the Administrative centre, and by centralizing the night quarters of the fire brigade, the safety of the house would be increased, and it would not be necessary to alarm the whole establishment with the hooter at night.

In consequence of the alterations at the boiler house in connection with the railway and electric lighting schemes, it has been necessary to re-erect a *Tool-House*, *Barrow Shed*, and *Potting House* as lean-to-structures against the boiler house. These are almost completed.

### Farm, Garden, and Grounds.

The spring of the year was uneventful. This was to be followed by a series of seasons which will always make the year of 1904 memorable in the annals of the West, and in the country at large. A fine and glorious summer passed almost insensibly into a long and golden autumn, to be abruptly and rudely awakened by all the rigours of winter and a record fall of snow. This was in the last week of November, and another snowstorm in early December, and spells of frost at times with skating, curling and such-like pastimes, all combined to give us a more than average winter before the year was sped. Three typical seasons in one calendar *Annus* is not a common occurrence in the glorious uncertainty of the British climate. The country had a splendid harvest to set against the depression in home trade, and the only complaint Punch's farmer could make was "It had taken a lot out of the soil!" The year was a great contrast to the phenomenal wet of 1903.

During the early part of the year the chief work going on in the grounds was the enlargement and relaying of the cricket pitch by the Assistant Gardener and his men. The former pitch was too restricted for the proper freedom of bowlers and fielders, and

9. Tool House.  
Barrow Shed.  
Potting House.

The Weather of  
1904—a Golden  
Year

New Cricket  
Pitch.



could not stand even a short season's fixtures. The purposely few matches which were played on the new pitch in its first season were sufficient to show that it shapes well, and it should enhance the pleasure of players and spectators alike on the cricketing afternoons of the future.

Vegetable  
Supply.

During the Spring there was a shortage of vegetables following the bad season of 1903, and failure of crop from disease and heavy damp soil. But with the good weather came a goodly supply of vegetables, which still continues, and in spite of the taking up of a wide strip of the garden by the new railway. The extension of the garden in consequence will soon become a question of moment, but until the railway is finished and fenced off, and it can be seen with more precision to what extent the garden has become curtailed, it would probably be better to defer decision. During the good weather there has also been a better supply of cut flowers to the wards than formerly, and of table plants during the year.

A Walk in the  
Woods.

During the latter part of the year a *Walk* has been opened up in the thick plantation which encloses the Men's Villa field on three sides. The previous autumn this plantation, which had become very dense and packed, was cleared of undergrowth and dead wood to begin with, and it was still obvious that the trees were spoiling one another and required thinning. This autumn a walk has been made through the centre of the strip, with the double object of letting in light and air and of providing a pleasant walk for the Villa men, who are all parole patients. The Head Gardener has carried out this work; the small firs cut down will be gradually used as fuel; and the few hardwoods worth lifting—chiefly birch and ash—have been transplanted so as to relieve the bareness in the immediate vicinity of the Men's Villa, and to form an avenue along the "Meadow" road.

## Finance.

A reference to the Financial Tables, which refer to the years May, 1903, to May, 1904, will shew the main items of expenditure.

Financial  
Table I.

Under *Providing Account* the chief expenditures were under "Head II," Asylum Buildings, &c., and refer to outlays in connection with the four cottages for married attendants (£962), fire exits (£550), septic tank (£490), water main (£470), new hospital, architects' competitive prizes (£230), conversion of old central bathrooms into store accommodation and servants' quarters and fitting up of the baths in the ward lavatories (£146), painter work (£140), &c; and under the other "Heads" the main expenditures are sufficiently indicated in the Table, that under Farm Buildings referring to the enlargement of the piggery carried out for quarantine purposes. The Total Expenditure under "Providing Account" on the Asylum since its origin in 1869, up to 15th May, 1904, was

£129,328, and the present accommodation of the Asylum, with proper day and night space per patient, is for 460 patients : this gives a total cost per bed up to 15th May, 1904, at £281, including everything.

Financial  
Table II.

Under "Maintenance Account" the chief items of expenditure are indicated in Financial Table II. The balance against the Board under Maintenance Account was in May, 1902, £193 14s 4d; in May, 1903, £100 7s 9d; and in May, 1904, £71 19s 1d, showing that we are still living within our income with the maintenance rate at £27 6s per annum, or 10s 6d per week per patient.

Financial  
Table III.

Under "Farm and Garden Account" it will be seen by reference to Financial Table III. that there was a profit during 1903-4 of £140 10s 11d, derived mainly, as usual, from the piggery. In connection with the low valuation of garden produce, it is to be remembered that the summer of 1903 was a bad season for fruit and vegetables. Further, the prices at which the vegetables are charged to the Asylum are identical with those in the "Weekly Return of Market Prices" issued by the Board of Agriculture and Fisheries.

Finally, I have to report that during 1904 the Asylum was officially visited by Commissioners Dr Fraser and Dr John Macpherson, whose Reports are appended.

For the continued confidence of the District Board, I am sincerely grateful.

I have the honour to be,

Mr Chairman and Gentlemen,

Your obedient Servant,

C. C. EASTERBROOK, M.D., F.R.C.P.Ed.,  
*Medical Superintendent.*

24th January, 1905.





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# REPORTS

BY

H.M. THE MEDICAL COMMISSIONERS IN LUNACY

FOR

SCOTLAND.

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Ayr District Asylum,  
19th and 20th February, 1904.

There were 519 patients—249 men and 270 women—on the register of the Asylum on the 19th instant. They were all resident and seen except 1 woman who was absent on statutory probation.

The following changes have taken place in the population of the Asylum since 22nd July, 1903, one of the dates of the previous visit :—

	M.	Pauper Patients.	
		F.	Total.
Admitted, . . . . .	33	50	83
Discharged Recovered, . . . . .	13	15	28
Discharged Unrecovered, . . . . .	8	12	20
Died, . . . . .	20	23	43

There has been a decrease of 8 in the number of male patients during the period to which the foregoing figures refer. The number of females is the same as at last visit.

Of the 20 patients discharged improved or unrecovered, 11 were sent to the care of relatives, 5 were transferred to other establishments, and 4 were sent to England and Ireland. From the large number sent to home care, it will be seen that Dr Easterbrook is discharging those patients who do not require further Asylum care and treatment. A continuance of this policy will prevent undue accumulation. The percentage of the discharged improved or unrecovered during the last ten years from this Asylum is 3·9, of whom 2·7 per cent. were removed from the poor roll, and only 1 per cent. are still maintained by their respective parishes. The average percentage discharged unrecovered during the same period from all Scottish Asylums is 4·3, but from some establishments it is as high as 10·1, 8·5, and 7·3.

The mortality has been greater than usual, and the severity of the condition of the cases admitted is shown by the fact that 35 per cent. of the deaths was of patients admitted during the last twelve months. The deaths are registered as due to heart disease in 10 cases, to gross brain lesions in 9 cases, to general paralysis of the insane in 6 cases, to pneumonia in 4 cases, to consumption in 3 cases, to exhaustion from acute mental affections in 2 cases, to facial erysipelas in 2 cases, and to osteomyelitis, hepatic cirrhosis, senile decay, acute hydrocephalus, enteritis, peritonitis, and septicaemia each in one case. In 32 instances, or in 72 per cent. of the deaths, the cause was verified by *post mortem* examination. The manner in which the pathological journal and the medical case books are kept reflects great credit on Dr Easterbrook and his assistant staff.

The Register of Restraint and Seclusion contains 1 entry, referring to the use of seclusion for a short period in a case of dangerous excitement. One casualty has occurred, a burn on scalp and neck, the patient turning on the hot water when his head was beneath the tap. The handles have been removed from all the hot water taps and keys substituted, which are kept by the attendants. There has been no escape.



It is satisfactory to be able to state that the changes in the staff are decreasing in number. The wages, hours of duty, and leave of absence of the attendants and nurses have been revised, and the new conditions of service appear to be liberal and satisfactory on all points. A sitting-room has been comfortably furnished for the nurses, and similar provision has been made for the attendants. It is hoped that the improvements in the accommodation and comforts, in the dietary, and in the terms of service will be instrumental in securing and retaining an intelligent and capable staff. There are 23 attendants and 24 nurses for day duty, which gives a proportion of 1 to every 11 patients. There are also 6 attendants and 6 nurses for night duty. The arrangements for night nursing and supervision are very satisfactory, a large proportion of the patients being under continuous night observation. The changes in the staff since last visit are as follows:—4 attendants and 4 nurses have resigned, 3 attendants have been dismissed, and 7 attendants and 4 nurses have been engaged. The dismissals were not for misconduct affecting the patients.

Lectures on Nursing are regularly given to the whole staff by Dr Easterbrook, which cannot fail to increase its efficiency.

It is understood that the District Board have under consideration contracts for the construction of a railway siding from the main line to the Asylum boiler house. As the material for the building of the new hospital is to be conveyed by this side line, it is urged, in view of the greatly overcrowded condition of the wards, that the construction of the line be pushed on with all possible dispatch.

There was great tranquility and contentment among the patients during the visit. With the exception of a male patient, all were quiet and well behaved, and the general condition of the patients was highly satisfactory. Their clothing was neat in appearance and ample for the season, and their personal tidiness is evidently well attended to. The dinners were substantial and of good quality. The service of the meals was most orderly, a better arrangement of the tables and the substitution of chairs for benches adding greatly to the facilities in serving the food. The industrial features of the administration deserve commendation—159, or 63 per cent. of the men, and 188, or 62 per cent. of the women, are daily engaged in useful work.

New garden ground will be required in place of the large portion of the present garden which will be absorbed by the railway siding, and the making of the new garden will give additional outdoor work for the male patients and in all probability increase the number employed outside.

The amusements and recreations of the patients are well organised and liberally provided. Newspapers and magazines are regularly circulated through the wards. A football match was played at the time of the visit between a team from Ayr and a team consisting of patients, Dr Simpson, and some members of the staff.

The infirm and acute wards are overcrowded to a dangerous extent, and relief to this most unsatisfactory state of matters cannot be provided a moment too soon. Specifications for the building of the new hospital

are, it is understood, being prepared, and it is earnestly hoped that this extension will be commenced without undue delay. There are 15 men and 21 women confined to bed, and, except for overcrowding, their care and treatment is all that can be desired. It was abundantly evident that great medical interest is taken in the patients, and that everything is done to ameliorate their condition, and to promote the recovery of the curable.

The day rooms and dormitories were in excellent order. A painter attendant has been added to the staff, and with the assistance of a patient good work is being done in improving the appearance of the wards. The stores have been extended to meet present requirements. The male villa is about to be provided with a larger water supply for its fire hydrants. It is learned with approval that the District Board have decided to light the Asylum with electricity. It will undoubtedly be an improvement of sanitary and economic value.

The fire extinguishing appliances have been largely increased, the main building has been divided into three sections by means of six fire-proof doors, and six outside iron staircases of good design are in course of erection. Fire buckets to the number of 144 have been placed in convenient positions throughout the Asylum and villas. An experimental alarm of fire was given, and the brigade was on the spot and at work with commendable promptness. The pressure was sufficient to throw two jets of water to the highest point of the main building. The present method of giving an alarm of fire is not satisfactory, but a steam hooter is about to be substituted.

The careful and thorough manner in which Dr Easterbrook discharges his duties merits the warmest recognition.

The official registers were examined and found regularly and correctly kept.

(Signed) JOHN FRASER,  
Commissioner in Lunacy.

Ayr District Asylum,  
11th and 12th July, 1904.

The Asylum was last visited on the 19th February of the present year. Since then the following changes in the population have occurred :—

	PAUPER PATIENTS.		
	M.	F.	TOTALS.
On Register, 19th February, 1904,	249	270	519
Admitted, . . . . .	31	29	60
Discharged Recovered, . . . . .	9	4	13
Discharged Unrecovered, . . . . .	4	6	10
Died, . . . . .	10	14	24
On Register, 11th July, 1904, . . . . .	257	275	532



Three women were absent on statutory probation, and 1 man and 1 woman were absent on pass. With these exceptions all the patients were resident, and were seen during the visit.

The causes of death are registered as follows:—6 persons died of heart disease; 3 of phthisis; 3 of bronchitis; 2 of exhaustion from acute mental disease; 2 of general paralysis; 2 of cerebral hæmorrhage; and 1 person died of each of the following diseases, namely, erysipelas, cancer of the uterus, senile decay, pneumonia, epilepsy, and a wound in the throat self-inflicted prior to admission. *Post mortem* examinations were made in 21 instances, or in all except three where permission was refused. The facts ascertained at these examinations are carefully recorded in a special book, as well as in the case books.

The Register of Accidents contains two entries, referring to a fracture of the humerus in a female patient, and a Colles' fracture in a male patient. Both were the result of accidental falls.

The Register of Minor Accidents contains a description of all marks and bruises sustained by patients, with an account of the manner of their occurrence and the name of the attendants who were in charge at the time.

There are no entries in the Register of Restraint and Seclusion, or in the Register of Escapes.

The changes among attendants and nurses have been as follows:—7 men and 7 women have resigned, 1 man was dismissed for misconduct, and 8 men and 6 women were engaged. The staff of ordinary attendants consists of 25 men and 24 women for day duty—a proportion of 1 to 10½ patients, and 6 men and 6 women on night duty—a proportion of 1 to 44 patients. The female day staff of 24 nurses to 271 resident patients is somewhat below the proportion generally recognised as necessary in modern asylums.

28 patients—11 men and 17 women—were confined to bed, several of them on account of mental ailments for which rest in bed is now regarded as an essential element in treatment. Apart from those patients who were in bed on account of physical ailments, it was evident that the standard of health throughout the inmates of the Asylum was good. The patients bore evidence of being suitably fed and of being much in the open air. At the time of the visit the weather was fine, and all the patients who were not necessarily confined to the house were outside. A large number of the women who were sitting on the terrace were sewing or knitting, and 85 of the men were working in the grounds. In all, 166 men and 186 women were industrially employed. The dinner on the first day of the visit was an excellent and liberal meal consisting of soup, boiled meat, and potatoes, and no objection could be taken to it even by the few inmates who are inclined to be discontented.

The female patients were remarkably quiet and sedate in their behaviour, and the same may be said of the male patients, with the exception of one or two individuals who are in the habit of expressing their grievances in too forcible a manner. The dress of both sexes was neat and in good repair.

The new railway siding from the Glasgow & South-Western Railway to the Asylum has been begun, but the work is proceeding very slowly. This is the more regrettable as the construction of the new Hospital



depends upon the completion of this branch line, and as at this date there are only 6 vacant beds in the Asylum—one on the male and five on the female side. In connection with the railway siding it was learned that the District Board have acquired by purchase a field of ten acres situated between the Railway and Asylum estate.

It is understood that estimates have been received for the work of building the new Hospital, and that contractors will be immediately selected.

A commencement has been made with the work of wiring the institution prior to the installation of electric lighting.

Alternative exits and iron escape stair-cases have been provided in every part of the buildings where they were required. A steam hooter and a system of electric bells are to be introduced for the purpose of giving an alarm in case of fire and of indicating the position of the fire. The fire brigade has been organised and is regularly drilled. Among minor structural alterations the following have to be noted :—The mess room for nurses has been enlarged, and that for male attendants is about to be enlarged. Ward 3 B. on the female side is being enlarged by the removal of two single rooms, and the corresponding ward on the male side is to be enlarged in a similar manner. The work of enlarging these apartments is being done by the Asylum tradesmen assisted by patients.

It is recorded with approval that the District Board have appointed an Assistant Steward and an Assistant Matron. These officials are much needed in an institution of this size, not only for the reason that the departments in question have hitherto been understaffed, but also for the better supervision and management of the Asylum.

The Asylum was found in good order, and the various apartments were clean and well aired.

Dr Easterbrook was absent on holiday at the time of the visit, and his place was being taken by Dr Simpson, the Senior Assistant Medical Officer, who is thoroughly conversant with his duties, and was able to supply all necessary information.

The Books and Registers were examined and found correct.

(Signed) JOHN MACPHERSON,  
Commissioner in Lunacy.



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# MEDICAL STATISTICAL TABLES

(DR. EASTERBROOK).

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GENERAL TABLE I.—Analysis of the Movements of Population and Results of Treatment in the Asylum during the Year 1904.

On 1st January, 1904—						MALE	FEMALE	TOTAL
Resident in Asylum, ... ..						250	266	516
Absent on Pass or Probation, .. ..						0	2	2
Total on Asylum Register, ... ..						250	268	518
Admissions during year— ... ..						73	67	140
Of whom there were Two Persons admitted twice, owing to						1	1	2
(a) Expiry of prison sentence, patient being still insane,						1	0	1
(b) Relapse, after previous admission and discharge, ...						0	1	1
Thus leaving Different Persons admitted, viz., ... ..						72	66	138
(a) Transfers from other Asylums in Scotland, ... ..						2	4	6
(b) Transfers from Lunatic Wards of Poorhouses, ... ..						1	2	3
(c) Removals from rate-paid care in Private Dwellings,						0	1	1
(d) Removals of former unrecovered cases not on								
Poor Roll, ... ..						3	1	4
(e) <i>Direct Admissions</i> from County owing to onset of								
fresh attack, viz., ... ..						66	58	124
Readmissions of previous years, ... ..						5	7	12
First admissions, of whom there were ... ..						61	51	112
Persons with First Attack, ... ..						56	53	109
Total Cases under Treatment during year, ... ..						323	335	658
Persons under treatment, ... ..						322	334	656
Discharges during year, ... ..						49	42	91
Of whom there was One Person discharged twice, owing								
to expiry of sentence, followed by transfer, ... ..						1	0	1
Thus leaving Different Persons discharged, viz., ... ..						48	42	90
(a) Transfers to other Asylums in Scotland, ... ..						5	6	11
(b) Transfers to Lunatic Wards of Poorhouses, ... ..						4	4	8
(c) Removals furth of Scotland (1 to England, 2								
to Ireland), ... ..						2	1	3
(d) Removals of unrecovered cases to care (rate-								
paid or private) in Dwellings, ... ..						9	4	13
(e) <i>Recoveries</i> , ... ..						29	27	56
N.B.—Persons discharged—Recovered, ... ..						29	27	56
Improved (Relieved), ... ..						15	14	29
Unimproved, ... ..						4	1	5
Deaths during year, ... ..						25	34	59
Total Cases discharged and died during year, ... ..						74	76	150
On 31st December, 1904—								
Resident in Asylum, ... ..						249	259	508
Absent on Pass or Probation, ... ..						0	0	0
Total on Asylum Register, ... ..						249	259	508
Average Number Daily Resident during Year, ... ..						253.5	263.5	517.0
<i>Recovery Rate</i> during year—								
Percentage of Recoveries based on Total Admissions, ..						39.7%	40.2%	40.0%
Percentage of Recoveries based on Total Admissions								
<i>minus</i> Transfers, ... ..						41.4%	44.2%	42.7%
Percentage of Recoveries based on Direct Admissions,						43.9%	45.7%	44.8%
<i>Death Rate</i> during year—								
Percentage of Deaths based on Total Nos. under								
Treatment, ... ..						7.7%	10.1%	8.9%
Percentage of Deaths based on Average No. Daily								
Resident, ... ..						9.8%	12.9%	14.1%

GENERAL TABLE II.—Monthly Incidence of the Admissions, Discharges, and Deaths during the Year 1904.

MONTHS.			ADMISSIONS.			DISCHARGES.			DEATHS.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
January,	...	...	5	12	17	1	3	4	2	5	7
February,	...	...	8	7	15	6	6	12	2	4	6
March,	...	...	8	5	13	2	5	7	6	6	12
April,	...	...	6	6	12	5	1	6	3	4	7
May,	...	...	4	2	6	3	0	3	0	2	2
June,	...	...	5	6	11	1	1	2	0	2	2
July,	...	...	9	10	19	5	2	7	2	1	3
August,	...	...	9	3	12	9	8	17	0	3	3
September,	...	...	7	3	10	4	1	5	1	0	1
October,	...	...	6	2	8	3	5	8	4	3	7
November,	...	..	3	5	8	7	4	11	4	1	5
December,	...	...	3	6	9	3	6	9	1	3	4
Total Cases,			73	67	140	49	42	91	25	34	59



GENERAL TABLE III.—Chargeability to the various Parish Councils of Ayrshire (and elsewhere) of the Admissions, Discharges and Deaths during 1904, and of those Remaining on the Asylum Register on the 31st December, 1904.

AYR COUNTY PATIENTS (PARISHES, WITH POPULATION AT 1901 CENSUS).	ADMISSIONS.			DISCHARGES.			DEATHS.			REMAINING ON ASYLUM REGISTER ON 31ST DECEMBER, 1904.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ardrossan, 11,845	1	1	2	2	1	3	2	0	2	8	5	13
Auchinleck, 6605	1	0	1	1	0	1	2	0	2	9	8	17
Ayr, 31,537	12	12	24	11	6	17	3	7	10	50	51	101
Ballantrae, 1124	1	0	1	0	0	0	0	0	0	3	0	3
Barr, 581	0	0	0	0	0	0	0	0	0	1	0	1
Beith, 7523	1	5	6	2	3	5	0	1	1	7	11	18
Colmonell, 1954	0	0	0	0	0	0	0	1	1	1	2	3
Coylton, 2542	0	1	1	0	0	0	0	0	0	2	2	4
Craigie, 509	0	0	0	0	0	0	0	0	0	0	2	2
Dailly, 1673	1	1	2	1	0	1	0	0	0	1	4	5
Dalmellington, 5261	1	0	1	2	0	2	1	0	1	4	2	6
Dalry, 8212	1	3	4	2	2	4	0	1	1	10	6	16
Dalrymple, 1208	0	0	0	1	0	1	0	0	0	1	2	3
Dreghorn, 4332	2	1	3	2	2	4	0	0	0	1	5	6
Dundonald, 11,250	5	2	7	1	1	2	1	1	2	11	11	22
Dunlop, 1542	1	0	1	1	0	1	0	0	0	1	2	3
Fenwick, 1063	0	0	0	0	0	0	0	0	0	2	1	3
Galston, 6979	0	0	0	0	1	1	0	0	0	4	1	5
Girvan, 4872	0	0	0	0	1	1	1	1	2	7	6	13
Irvine, 6458	2	1	3	0	0	0	3	0	3	6	9	15
Kilbirnie, 7207	2	2	4	0	1	1	0	2	2	5	4	9
Kilmarnock, 33,142	13	10	23	6	9	15	4	6	10	37	30	67
Kilmaurs, 4549	2	0	2	0	0	0	0	0	0	4	0	4
Kilwinning, 8125	1	1	2	0	1	1	0	0	0	4	3	7
Kirkmichael, 1798	1	0	1	0	0	0	1	0	1	2	1	3
Kirkoswald, 1579	0	0	0	0	0	0	0	0	0	1	0	1
Largs, 5501	2	4	6	2	1	3	0	3	3	6	8	14
Loudoun, 8205	1	2	3	0	1	1	1	1	2	3	7	10
Mauchline, 2572	0	0	0	0	0	0	1	0	1	1	3	4
Maybole, 7889	3	2	5	1	0	1	0	0	0	3	18	21
Monkton and Prestwick, } 3854	0	3	3	0	2	2	0	3	3	1	2	3
Muirkirk, 5670	1	0	1	1	0	1	0	2	2	7	4	11
New Cumnock, 5367	0	1	1	0	0	0	1	1	2	1	3	4
Ochiltree, 1932	1	0	1	2	0	2	0	0	0	2	5	7
Old Cumnock, 5144	1	0	1	1	1	2	0	0	0	4	7	11
Riccarton, 8080	3	0	3	1	0	1	2	1	3	6	5	11
Sorn, 3607	2	2	4	0	1	1	0	1	1	5	3	8
Stair, 1175	0	0	0	0	0	0	0	0	0	1	0	1
Stevenston, 9497	2	2	4	1	1	2	0	0	0	12	8	20
Stewarton, 3958	1	2	3	0	1	1	1	0	1	6	3	9
Straiton, 1016	1	0	1	0	1	1	0	0	0	5	2	7
Symington, 592	0	1	1	1	0	1	0	0	0	1	3	4
Tarbolton, 2961	0	2	2	0	0	0	1	1	2	2	4	6
West Kilbride, 2978	0	1	1	0	0	0	0	1	1	1	5	6
Criminal Patients,	2	0	2	2	0	2	0	0	0	0	0	0
Out County Patients	5	5	10	5	5	10	0	0	0	0	0	0
Grand Totals,	73	67	140	49	42	91	25	34	59	249	259	508

**GENERAL TABLE IV.—Ratio of Insanity to Population in Ayrshire.** (*N.B.*—Based mainly on figures and data in the 45th and 46th Annual Reports of the General Board of Commissioners in Lunacy for Scotland, and in the Registrar-General's Report on the 1901 Census for Scotland, Vols. I. to III.)

Population of Ayrshire at Census on 31st March, 1901, ... ..	254,468
Population of Ayrshire at Census on 31st March, 1891, ... ..	226,386
Increase of Population of Ayrshire in the ten years, 1891 to 1901, ..	28,082
Average increase of population of Ayrshire in 1 year, say ... ..	2800
Total Number of Persons of Unsound Mind on 31st March, 1901, belonging to Ayrshire, whether private or pauper, and whether resident in the County or not (includes 746 persons officially known to General Board of Lunacy at date of 1901 census, and 224 not known to that Board, but returned at the 1901 census as "Lunatic, Imbecile, and Feeble minded Persons"), ... ..	970
Proportion of persons of Unsound Mind belonging to Ayrshire on 31st March, 1901, per 100,000 of population, ... ..	381
Proportion of persons of Unsound Mind in all Scotland on 31st March, 1901, per 100,000 of population, ... ..	446
Position of Ayr on the list of the 33 Counties of Scotland, arranged according to the prevalence of mental unsoundness in them, ...	28th
Position of Ayr County similarly as regards prevalence of "Pauper Lunacy," ... ..	22nd
Number of Pauper Lunatics in Ayrshire known to the General Board of Lunacy on 1st January, 1901, ... ..	670
Proportion of Pauper Lunatics in Ayrshire on 1st January, 1901, per 100,000 of population on 1st January, 1901 (estimated at 253,800),	264
Number of Pauper Lunatics in Ayrshire known to the General Board of Lunacy on 1st January, 1904, ... ..	682
Proportion of Pauper Lunatics in Ayrshire on 1st January, 1904, per 100,000 of population on 1st January, 1904 (estimated at 262,200),	260
Proportion of Pauper Lunatics in Ayrshire in 1904, per 10,000 of population, ... ..	26·0
Proportion of Pauper Lunatics in Ayrshire in 1904, per 1000 of population, ... ..	2·60

Given the population of each Parish in the County (corrected as per census rate of increase for County), it is possible from these figures to ascertain whether the number of Insane Patients chargeable to each Parish is above or below the average for the County.



GENERAL TABLE V.—The Movements of Population and Results of Treatment in the Asylum since its opening on the 28th July, 1869. Showing for each year of the Asylum, the Total Admissions, Discharges (Recovered, Improved, Unimproved), and Deaths; the Total Numbers under Treatment, and the Average Numbers Daily Resident; the Recovery Rate, and the Death Rate; the numbers on the Asylum Register at the beginning of each year, and the numbers of each Year's Admissions remaining on the Asylum Register on the 31st December, 1904.

YEARS.	Numbers on Asylum Register at beginning of each Year.			Admissions.			DISCHARGES.									Deaths.			Total Numbers under Treatment.			Average Number Daily Resident.			Recovery Rate (Percentage on Admissions)			Death Rate (Percentage on Average No. Resident).			Numbers of each Year's Admissions remaining on Asylum Register on 31st Dec., 1904.			YEARS.
							Recovered.			Improved.			Unimproved.																					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1869-70*	0	0	0	81	106	187	3	4	7	2	1	3	1	1	2	6	2	8	81	106	187	54·21	70·68	124·84	3·70	3·77	3·74	11·06	2·83	6·40	2	1	3	1869-70
1870-71	69	98	167	38	43	81	20	27	47	6	1	7	7	4	11	4	2	6	107	141	248	75·53	104·24	179·81	52·63	62·79	58·02	5·29	1·91	3·33	1	0	1	1870-71
1871-72	70	107	177	44	33	77	17	17	34	3	3	6	6	4	10	3	13	16	114	140	254	74·73	101·17	175·91	38·63	51·51	44·15	4·01	12·85	9·09	0	2	2	1871-72
1872-73	85	103	188	36	52	88	20	24	44	7	10	17	3	6	9	6	7	13	121	155	276	78·25	103·07	181·32	55·55	46·15	50·00	7·66	6·79	7·16	1	1	2	1872-73
1873-74	85	108	193	58	69	127	28	25	53	10	11	21	4	4	8	7	13	20	143	177	320	86·73	117·86	204·59	48·27	36·23	41·73	8·07	11·03	9·77	1	0	1	1873-74
1874-75	94	124	218	54	63	117	29	21	50	5	6	11	5	1	6	12	18	30	148	187	335	98·08	128·84	226·90	53·70	33·33	42·73	12·23	13·97	13·22	1	4	5	1874-75
1875-76	97	141	238	54	51	105	29	35	64	3	8	11	4	2	6	12	9	21	152	192	344	96·38	135·76	234·15	53·70	68·62	60·95	12·45	6·62	8·53	1	0	1	1875-76
1876-77	103	138	241	49	49	98	21	17	38	6	7	13	6	5	11	7	10	17	152	187	339	104·76	137·13	241·89	42·85	34·69	38·77	6·67	7·29	7·02	2	0	2	1876-77
1877-78	112	148	260	49	54	103	13	30	43	11	4	15	12	5	17	13	12	25	161	202	363	104·32	138·51	242·83	26·53	55·55	41·74	12·46	8·66	10·29	2	3	5	1877-78
1878-79	112	151	263	54	57	111	22	37	59	2	6	8	6	13	19	15	7	22	166	208	374	116·22	147·11	263·66	40·74	64·91	53·15	12·90	4·75	8·34	1	4	5	1878-79
1879-80	121	145	266	58	58	116	27	29	56	10	8	18	6	6	12	10	16	26	179	203	382	122·38	147·80	270·28	46·55	50·00	48·27	8·17	10·82	9·61	1	4	5	1879-80
1880-81	126	144	270	51	61	112	29	37	66	3	5	8	14	7	21	15	13	28	177	205	382	124·48	142·66	266·41	56·86	60·65	58·92	12·05	9·81	10·51	0	1	1	1880-81
1881-82	116	143	259	46	57	103	28	35	63	6	2	8	2	4	6	11	11	22	162	200	362	115·03	141·80	256·84	60·86	61·40	61·16	9·56	7·82	8·60	1	4	5	1881-82
1882-83	115	148	263	57	56	113	33	28	61	3	2	5	6	6	12	12	9	21	172	204	376	120·86	150·62	271·48	57·89	50·00	53·98	9·92	5·97	7·73	2	7	9	1882-83
1883-84	118	159	277	57	55	112	23	22	45	6	5	11	10	5	15	8	13	21	175	214	389	124·35	161·76	286·11	40·35	40·00	40·17	6·43	8·03	7·33	2	3	5	1883-84
1884-85	128	169	297	61	56	117	39	29	68	3	4	7	7	7	14	15	16	31	189	225	414	127·76	171·73	300·04	63·93	51·78	58·11	11·74	9·22	10·33	1	3	4	1884-85
1885-86	125	169	294	78	45	123	39	27	66	7	9	16	4	4	8	12	11	23	204	214	417	132·28	165·00	297·28	50·00	60·00	53·65	9·07	6·66	7·73	3	3	6	1885-86
1886-87	141	163	304	61	63	124	31	30	61	29	24	53	1	0	1	10	12	22	202	226	428	125·95	159·21	285·17	50·81	47·62	49·19	7·93	7·53	7·71	7	3	10	1886-87
1887-88	131	160	291	44	68	112	25	38	63	8	12	20	1	1	2	9	22	31	175	228	403	131·60	158·00	290·41	56·81	55·88	56·25	6·83	13·92	10·67	3	8	11	1887-88
1888-89	132	155	287	64	58	122	33	22	55	8	5	13	2	1	3	7	17	24	196	213	409	136·79	159·56	296·36	51·56	37·93	45·09	5·11	10·65	8·09	7	6	13	1888-89
1889-90	146	168	314	58	66	124	31	33	64	10	8	18	4	1	5	15	11	26	204	234	438	141·33	177·12	318·45	53·44	50·00	51·61	10·64	6·25	8·17	3	7	10	1889-90
1890-91	144	181	325	66	61	127	20	22	42	10	3	13	3	3	6	13	19	32	210	242	452	148·17	189·54	337·71	30·30	36·06	33·07	8·77	10·02	9·47	4	5	9	1890-91
1891-92	164	195	359	67	53	120	27	27	54	6	9	15	11	4	15	18	17	35	231	248	479	156·82	195·66	352·49	40·29	50·94	45·00	11·55	8·68	9·92	7	4	11	1891-92
1892-93	169	191	360	69	75	144	39	27	66	8	5	13	6	4	10	27	19	46	238	266	504	158·40	199·34	357·75	56·52	36·00	45·83	17·01	9·53	12·85	9	5	14	1892-93
1893-94	158	211	369	79	66	145	30	25	55	7	8	15	5	1	6	15	17	32	237	277	514	173·77	219·70	393·47	37·97	37·87	37·93	8·63	7·73	8·13	7	12	19	1893-94
1894-95	180	226	406	99	72	171	35	21	56	9	11	20	10	6	16	25	23	48	279	298	577	190·82	229·70	420·53	35·35	29·16	32·74	13·10	10·01	11·41	9	7	16	1894-95
1895-96	199	237	436	83	73	156	24	27	51	19	6	25	14	12	26	10	27	37	282	310	592	195·10	232·89	428·00	28·91	36·98	32·69	5·12	11·59	8·64	9	11	20	1895-96
1896-97	215	238	453	60	80	140	36	30	66	7	18	25	7	5	12	23	21	44	275	318	593	204·04	236·79	440·83	60·00	37·50	47·14	11·27	8·86	9·98	6	10	16	1896-97
1897-98	202	244	446	101	80	181	35	33	68	5	5	10	17	9	26	27	24	51	303	324	627	203·28	244·10	447·39	34·45	41·25	37·56	13·28	9·83	11·40	10	15	25	1897-98
1898-99	219	253	472	100	64	164	45	21	66	7	6	13	10	6	16	20	24	44	319	317	636	225·85	253·53	479·38	45·00	32·81	40·24	8·85	9·46	9·17	11	16	27	1898-99
1899-00	237	260	497	86	78	164	36	21	57	8	6	14	14	12	26	31	26	57	323	338	661	233·23	264·41	497·65	41·86	26·92	34·75	13·28	9·82	11·45	15	19	34	1899-00
1900-01	233	273	506	76	58	134	40	32	72	11	6	17	11	5	16	26	27	53	309	331	640	223·23	262·65	485·88	52·63	55·17	53·73	11·64	10·28	10·90	17	11	28	1900-01
1901-02	221	261	482	82	77	159	38	26	64																									

\* 1869-1870—Period of 8 months.

† 1902-1903—Period of 21 months.

Other years—Periods of 12 months.





ADMISSIONS TABLE I.—Age and Marital State—Showing in the 138 Persons admitted during 1904 the Ages in main life-periods and decades, correlated with the Marital State, and distinguishing the Congenital from the Acquired Cases.

AGES (Main Life-periods and Decades).	Sex.			Congenital Cases.			Marital State of Acquired Cases.											
							Single.			Married.			Widowed.			Divorced or Separated.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PERIOD I. (Under 30 years).... } (Growth, Youth, Development), } Under 10 years, ... } 10 to 19 " ... } 20 to 29 " ... }	18	15	33	1	1	2	15	12	27	1	2	3	1	...	1	...	...	...
PERIOD II. (30 to 59 years inclusive) } (Maturity, Wear and Tear), } 30 to 39 years, ... } 40 to 49 " ... } 50 to 59 " ... }	40	42	82	2	2	4	16	10	26	15	19	34	3	9	12	4	2	6
PERIOD III. (60 years and over), ... } (Decadence and Old Age), ... }	14	9	23	1	...	1	2	3	5	6	1	7	5	5	10	...	...	...
60 to 69 years,... } 70 to 79 " ... } 80 years and over, ... }	10	4	14	1	...	1	2	1	3	6	1	7	1	2	3	...	...	...
TOTAL, ... }	72	66	138	4	3	7	33	25	58	22	22	44	9	14	23	4	2	6
Marital State of Congenital Cases, ... }	...	...	...	...	...	...	4	3	7	...	...	...	...	...	...	...	...	...

The average age on admission was 43.12 years, being 44.04 in the case of the men, and 42.20 in the case of the women.

ADMISSIONS TABLE II.—Nationality, Religion, Education, and Occupation of the 138 Persons admitted during 1904.

						M.	F.	T.
<i>Nationality—</i>								
English,	...	...	...	...	...	4	2	6
Scottish,	...	...	...	...	...	55	59	114
Irish,	...	...	...	...	...	12	5	17
Welsh,	...	...	...	...	...	0	0	0
Colonial and United States, viz., Canadian 1,	...	...	...	...	...	1	0	1
Foreign,	...	...	...	...	...	0	0	0
Unknown,	..	...	...	...	...	0	0	0
Total,	...	...	...	...	...	72	66	138
<i>Religion—</i>								
Episcopalian,	...	...	...	...	...	3	2	5
Presbyterian,	...	...	...	...	...	58	56	114
Roman Catholic,	...	...	...	...	...	11	8	19
Non-Conformist,	...	...	..	...	...	0	0	0
Foreign,	...	...	..	...	...	0	0	0
Unknown,	...	...	...	...	...	0	0	0
Total,	...	...	...	...	...	72	66	138
<i>Education,</i>								
Unable to read or write,	...	...	...	...	...	9	10	19
Able to read only,	...	...	...	...	...	5	5	10
Moderately educated (e.g. primary education),	...	...	...	...	...	47	40	87
Well educated (e.g. secondary education),	..	...	...	...	...	8	10	18
Specially or highly educated (e.g. technical or professional education),	...	...	...	...	...	3	1	4
Un'known,	...	...	...	...	...	0	0	0
Total,	...	...	...	...	...	72	66	138
<i>Occupation—(Registrar-General's Classes, Scotland; 1901 Census)—</i>								
Professional,	...	...	...	...	...	3	1	4
Commercial,	...	...	...	...	...	9	3	12
Industrial,	...	...	...	...	..	42	11	53
Agricultural,	...	...	...	...	...	13	5	18
Domestic,	..	...	...	...	...	0	42	42
Unoccupied,	...	...	...	—	—	5	4	9
Unknown,	...	...	...	...	...	0	0	0
Total,	...	...	...	...	...	72	66	138



ADMISSIONS TABLE III.—Heredities.—Showing amongst the Families of 66 (out of 72) men, and 61 (out of 66) women, in which a “Family History” was ascertainable, the existence (as acknowledged) of so-called “Hereditary” Diseases, each disease acknowledged to be present in a family being recorded only once, viz., in the column (farthest to the left) for the nearest relative affected by it.

“HEREDITARY” AFFECTIONS.	1st Degree. Parents.						2nd Degree. Brothers and Sisters.						3rd Degree. Grand Parents.				4th Degree. Uncles and Aunts.		5th Degree. Cousins, remote and indefinite Relatives.		Number of Families acknowledging Heredities.			Percentage of Families acknowledging Heredities.						
	Both Parents.		Father only.		Mother only.		Two or more.		Brother only.		Sister only.		Both Sides.		One Side only.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.														
i. PSYCHOSIS— (1) Congenital, weak-mindedness, deaf-mutism, &c., .. .. .	1	3	6	2	4	3	2	..	1	2	4	9	..	..	1	2	2	..	5	3	1	24	27	51	36.3	44.2	40.1	..	..	
ii. NEUROSIS— (1) Hysteria, .. .. .	..	..	..	..	..	..	1	..	1	..	..	3	..	..	..	..	..	1	1	..	0	0	0	0	0	0	0	0	0	
(2) Epilepsy, .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	5	8	4.5	8.2	6.3	..	..	..	
(3) Other Neuroses, e.g., Eclampsia, Asthma, &c., .. .. .	..	..	1	3	2	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	3	7	12	10.6	8.2	9.4	..	..	..
iii. PARALYSIS, chiefly Apoplexy.	..	..	..	2	3	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	5	4	9	7.5	6.5	7.0	..	..	..	
iv. METABOLIC DISEASES— (1) Chronic Rheumatism, .. .. .	..	..	..	2	3	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	0	0	0	0	0	0	0	0	0
(2) Chronic Gout, .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	0	0	0	0	0	0	0	0
(3) Diabetes, .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	1.6	.7	..	..	..
v. MALIGNANT TUMOURS— (1) Carcinoma, .. .. .	..	..	1	4	4	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	6	4	10	9.0	6.5	7.9	..	..	..
(2) Sarcoma, .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	0	0	0	0	0	0	0	0
vi. CHRONIC INFECTIONS— (1) Tubercle, e.g., “Consumption,”	1	1	1	1	5	4	..	..	1	4	2	5	..	..	..	..	..	2	1	..	11	15	26	16.6	24.5	20.4	..	..	..	
(2) Syphilis, .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	0	0	0	0	0	0	0	0
vii. OTHER BODILY DISEASES, e.g.— (1) Heart, .. .. .	1	1	1	4	2	2	..	..	2	..	..	..	..	..	..	..	..	1	1	..	5	7	12	7.5	11.4	9.4	..	..	..	
(2) Kidneys, e.g., Bright’s disease,	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	3.0	3.2	3.1	..	..	..
viii. CONGENITAL BODILY DEFORMITIES— e.g., Hare-lip, club-foot, &c., ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	0	0	0	0	0	0	0	0
ix. BAD HABITS—e.g., (1) Alcoholism, .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	0	0	0	0	0	0	0	0
(2) Vice, vagrancy, crime, &c., ..	5	2	..	..	2	1	..	..	1	1	..	..	..	..	..	..	..	2	..	..	8	3	11	12.1	4.9	8.6	..	..	..	
	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	0	3	4.5	0	2.3	..	..	..

ADMISSIONS TABLE IV.—Previous Attacks. Showing in the 138  
Persons admitted those who had had one or more Previous Attacks,  
and the Age (in Life-Periods) at which the First Attack occurred.

	M.	F.	T.
Persons in whom it was unknown whether this was First Attack or not, ... ..	0	0	0
Persons with no Previous Attacks ("First Attack" Cases), ... ..	56	53	109
Persons with 1 Previous Attack, ... ..	6	8	14
„ „ 2 Previous Attacks, ... ..	3	2	5
„ „ more than 2 Previous Attacks, ... ..	7	3	0
Total, ... ..	16	13	29
First Attack under 30 Years of Age, ... ..	6	6	12
„ between 30 and 60 Years of Age (inclusive),	9	6	15
„ over 60 Years of Age, ... ..	1	1	2
Total, ... ..	16	13	29



ADMISSIONS TABLE V.—Etiology.—Showing the Causal and Associated Factors of the Insanity in the 138 persons admitted during 1904, as ascertained from the Personal History and Condition on Examination, and distinguishing between the Total Incidence of these Factors and the Instances in which they were regarded as the Chief or Main Cause of the Attack.

ETIOLOGICAL FACTORS, AS ASCERTAINED FROM THE PERSONAL HISTORY AND STATE ON EXAMINATION.		Total Incidence of Factors.			Instances in which regarded as the Chief or Main Cause of the Insanity.		
		M.	F.	T.	M.	F.	T.
i. <i>Psychoses</i> —							
i. a	Congenital Mental Defects and Errors (including Deaf Mutism), ... ..	8	3	11	4	3	7
i. b	Neurotic and Insane Constitution, without definite Previous Attack, ... ..	20	36	56	3	2	5
i. c	Neurotic and Insane Constitution, as evidenced by Previous Attack or Attacks, ... ..	16	13	29	6	6	12
ii. <i>Neuroses</i> —							
ii. a	Epilepsy (Congenital, M. 1, F. 0, T. 1; Acquired, M. 3, F. 3, T. 6), ... ..	4	3	7	3	3	6
ii. b	Hysteria, ... ..	0	0	0	...	...	...
iii. <i>Paralyses</i> —							
iii. a	Cerebral Apoplexy (M. 1, F. 1), Thrombosis (M. 1, F. 1.), and Embolism (F. 1), ... ..	2	3	5	1	3	4
iii. b	General Paralysis (N. B.—History of Syphilis in 6 male general paralytics), ... ..	8	1	9	8	1	9
iii. c	Locomotor Ataxy (M. 1), Peripheral Neuritis (M. 1, F. 1), and other Gross Nervous lesions (M. 1, F. 1), ... ..	3	2	5	...	...	...
iv. <i>Metabolic Diseases</i> —							
iv. a	Chronic Rheumatism, ... ..	5	1	6	...	...	...
iv. b	Chronic Gout, Diabetes, Obesity, &c., ... ..	0	0	0	...	...	...
v. <i>Malignant New Growths</i> (Carcinoma and Sarcoma)—							
vi.	<i>Chronic Infections</i> —	0	0	0	...	...	...
vi. a	Tuberculosis (including Phthisis and Strumous glands, &c.), ... ..	5	10	15	...	...	...
vi. b	Syphilis (Congenital, 0; Acquired, M. 7, F. 3, T. 10), ... ..	7	3	10	...	1	1
vi. c	Malaria (Old M. 2), and other chronic infections, ... ..	2	0	2	...	...	...
vii. <i>Acute Infections Fevers, &amp;c.</i> —							
vii. a	Influenza, ... ..	2	0	2	...	...	...
vii. b	Sepsis (M. 4, F. 1), Pneumonia (M. 1), Infective Endocarditis (F. 1), &c., ... ..	6	2	8	1	1	2
viii. <i>Traumata</i> —							
viii. a	Mechanical, e.g., injuries to head, &c. (Old M. 7, F. 1; Recent, M. 1), operations, &c. ... ..	8	1	9	1	...	1
viii. b	Physical (Heat, Electricity, &c.), e.g., sunstroke and electric shock (Old M. 1), ... ..	1	0	1	...	...	...
ix. <i>Other Bodily Diseases and Morbid Phenomena, viz.</i> —							
ix. a	Congenital Bodily Defects, e.g. Talipes, Strabismus, &c., ... ..	3	4	7	...	...	...
ix. b	Skin, viz., boils and abscesses (M. 2 F. 1), Eczema (M. 2, F. 3.), Psoriasis (M. 2), ... ..	6	4	8	...	...	...
ix. c	Subcutaneous Fat, viz., Emaciation, ... ..	6	13	19	...	...	...
ix. d	Bones, Joints, and Muscles, e.g. Curvature of Spine, &c., ... ..	1	1	2	...	...	...
ix. e	Blood Glands and Blood, viz., Anæmia (M. 7, F. 24), Purpura and Haemophilia, ... ..	10	24	34	1	...	1
ix. f	Circulatory Organs, viz., Heart Disease, Arterial Degeneration, Varix, &c., ... ..	11	14	25	...	...	...
ix. g	Respiratory Organs, viz., Bronchitis, Emphysema, Asthma, &c., ... ..	14	12	26	...	...	...
ix. h	Alimentary Organs, viz., Gastric and Intestinal Catarrh (M. 2, F. 6), Hernia (M. 3, F. 1) ... ..	5	7	12	1	2	3
ix. i	Urinary Organs, viz., Bright's Disease (M. 1, F. 1), Cystitis (M. 1), ... ..	2	1	3	...	1	1
ix. j	Generative Organs, viz., Prolapsus uteri, &c., ... ..	0	3	3	...	...	...
x. <i>Epochal and Reproductive Crises</i> —							
x. a	Puberty and Adolescence, viz., Puberty (M. 1, F. 3.), Adolescence (M. 15, F. 12) ... ..	16	15	31	10	11	21
x. b	Pregnancy, ... ..	...	3	3	...	2	2
x. c	Childbirth and Puerperium, ... ..	...	4	4	...	4	4
x. d	Lactation, ... ..	...	2	2	...	2	2
x. e	Climacteric, ... ..	9	17	26	7	12	19
x. f	Senility, ... ..	4	10	14	3	5	8
xi. <i>Unhealthy Modes of Life (Bad Habits)</i> —							
xi. a	Want of Food and Drink, Privation and Poverty, ... ..	1	3	4	1	...	1
xi. b	Over-eating, Luxurious Living, and want of exercise, ... ..	1	1	2	...	...	...
xi. c	Poisoning by Lead, &c., in food or drink, or at occupations, ... ..	0	0	0	...	...	...
xi. d	Drug-habits, e.g., Opium (F. 1), Tobacco (M. 2), ... ..	2	1	3	...	...	...
xi. e	Alcoholic Excess, ... ..	32	11	43	15	4	19
xi. f	Sexual Excess and Perversion, ... ..	2	0	2	...	...	...
xi. g	Immorality, Vice, Crime, Uncleanliness, Idleness, Vagrancy, &c., ... ..	16	7	23	...	...	...
xi. h	Overwork, and Want of rest, sleep, recreation, sunlight and fresh air, ... ..	1	1	2	1	...	1
xii. <i>Mental Factors (Emotional Strains and Crises)</i> —							
xii. a	Solitude—prolonged or sudden confinement, ... ..	0	3	3	...	...	...
xii. b	Loss of Friends—prolonged or sudden bereavement, ... ..	0	2	2	...	...	...
xii. c	Financial Worry and Anxiety or Disaster, ... ..	3	1	4	1	...	1
xii. d	Business Worry and Anxiety or Disaster, ... ..	4	0	4	1	...	1
xii. e	Religious Affairs, e.g., problems and revivals, ... ..	0	1	1	...	...	...
xii. f	Love and Matrimonial Affairs, e.g., engagements and disappointments, ... ..	2	1	3	2	...	2
xii. g	Marriage Affairs, e.g., connubial shock, marital incompatibility or infidelity, ... ..	0	1	1	...	1	1
xii. h	Family and Domestic Worry and Anxiety or Affliction, ... ..	5	5	10	2	2	4
xii. i	Social Worry and Anxiety, or Degradation, ... ..	1	1	2	...	...	...
xii. j	Political and National movements or crises, ... ..	0	0	0	...	...	...
xii. k	Sudden Severe Nervous Shock or intense mental emotion, e.g., fright, grief, ... ..	0	3	3	...	...	...
Personal Factors unascertainable or insufficient for Diagnosis, ... ..		0	0	0	...	...	...
Total Persons Admitted, ... ..					72	66	138





ADMISSIONS TABLE VI.—Diagnosis.—Showing the Varieties of Insanity (Nosological) correlated with the Forms of Insanity (Symptomatological) in the 138 persons admitted during 1904.

VARIETIES OF INSANITY (Nosological Classification).	Forms of Insanity (Symptomatological Classification).												Total		
	Melancholia. Depression. Passivity.			Mania. Exaltation. Excitement.			Hallucination. Delusion. Obsession.			Delirium. Confusion. Stupor.			Enfeeblement. Dementia (Terminal).		
	M	F	T.	M	F	T.	M	F	T.	M	F	T.	M	F	T.
Congenital Insanity { *Idiots,	...	...	...	1	1	...	...	...	...	...	...	1	1	1	2
Imbeciles,	...	...	...	1	1	...	...	...	...	...	...	2	3	...	3
Defectives,	...	...	...	1	1	...	...	...	1	1	...	...	2	2	2
Insanity of Degeneracy, ...	1	...	1	1	1	2	...	...	...	...	...	...	2	1	3
Paranoiac Insanity, ...	...	...	...	...	...	...	1	1	2	...	...	...	1	1	2
Recurrent Insanity, ...	...	...	...	4	6	10	2	...	2	...	...	...	6	6	12
Epileptic Insanity, ...	1	...	1	1	3	4	...	...	...	...	...	1	3	3	6
Paralytic Insanity, ...	...	...	...	1	3	4	...	...	...	...	...	...	1	3	4
General Paralysis, ...	...	...	...	3	...	3	...	...	2	1	3	3	8	1	9
Syphilitic Insanity, ...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	1
Febrile Insanity with Pneumonia	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1
Febrile Insanity with Infective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Endocarditis, ...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	1
Traumatic Insanity, ...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1
Insanity of Anæmia (from	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1
Hæmophilia), ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Insanity with Atrophic Catarrh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
of Gastro-Intestine, ...	...	1	1	...	...	...	1	...	1	...	1	...	1	2	3
Insanity of Bright's Disease, ...	...	1	1	...	...	...	...	...	...	...	...	...	1	1	1
Pubescent Insanity, ...	...	...	...	...	...	...	...	...	2	2	...	...	2	2	2
Adolescent Insanity, ...	...	3	3	6	2	8	3	1	4	1	...	1	10	7	17
Do. Originally, ...	...	...	...	...	...	...	...	...	...	...	...	2	2	2	2
Gestational Insanity, ...	...	...	...	...	...	...	1	1	...	1	1	...	2	2	2
Puerperal Insanity, ...	...	...	...	2	2	...	1	1	...	...	...	...	3	3	3
Do. Originally, ...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
Lactational Insanity, ...	...	2	2	...	...	...	...	...	...	...	...	...	2	2	2
Climacteric Insanity, ...	1	2	3	1	4	5	3	4	7	2	1	3	7	11	18
Do. Originally, ...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
Senile Insanity, ...	...	1	1	...	4	4	1	...	1	...	...	2	3	5	8
Insanity of Inanition, ...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1
Alcoholic Insanity, ...	1	...	1	5	2	7	6	2	8	3	...	3	15	4	19
Idiopathic Insanity (from worry,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
wear, and tear), ...	5	2	7	1	...	1	1	...	1	...	1	...	7	3	10
Total, ...	9	12	21	24	29	53	19	11	30	11	9	20	9	5	14
													72	66	138

\* One male idiot was also deaf-dumb and epileptic.

ADMISSIONS TABLE VII.—Suicidal and Homicidal Tendencies before admission in the 138 persons admitted during 1904, distinguishing between threats and attempts.

Suicide.					M.	F.	T.
Meditated or Threatened,	...	...	...	...	11	8	19
Attempted, by—							
Cut-Throat,	...	...	...	...	2	2	4
Précipitation from a Height,	...	...	...	...	2	0	2
Poisoning,	...	...	...	...	0	4	4
Drowning,	...	...	...	...	0	1	1
Self-Mutilation,	...	...	...	...	0	1	1
Hanging,	...	...	...	...	1	0	1
Strangulation,	...	...	...	...	2	2	4
Précipitation before a Train,	...	...	...	...	1	0	1
Totals,	...	...	...	...	19	18	37

Homicide.					M.	F.	T.
Threatened,	...	...	...	...	19	11	30
Attempted, by Assaults with Violence,	...	...	...	...	14	12	26
Totals,	...	...	...	...	33	23	56



ADMISSIONS TABLE VIII.—Duration of the Insanity on admission in the 138 persons admitted during 1904.

DURATION OF THE INSANITY ON ADMISSION.	M.	F.	T.
1st Class—Recent or “Acute” (under 6 months),	44	43	87
Under 1 week, ... ..	18	8	26
1 week to under 1 month, ... ..	16	16	32
1 month to under 3 months, ... ..	6	9	15
3 months to under 6 months, .. ..	4	10	14
2nd Class—Sub-Recent or “Sub-Acute” (6 months to 2 years),... ..	15	10	25
6 months to under 1 year, ... ..	8	6	14
1 year to under 1½ years, ... ..	5	2	7
1½ years to 2 years, ... ..	2	2	4
3rd Class—Persistent or “Chronic” (2 years and over), ... ..	13	13	26
2 years to under 5 years, ... ..	7	4	11
5 years to under 10 years, ... ..	2	2	4
* 10 years and over, ... ..	4	7	11
* (Of these there were Congenital Cases—Males 4, Females 3; Total 7).			
Total, ... ..	74	66	138

ADMISSIONS TABLE IX.—Mental Reduction. Showing the Grade or Degree of the Insanity on admission in the 138 persons admitted during 1904.

GRADE OF THE INSANITY ON ADMISSION.	M.	F.	T.
1st Class—Mild or “Simple,” e.g., mild degrees of depression, passivity, exaltation, excitement, delirium or confusion, ... ..	4	2	6
2nd Class—Moderate, e.g., more marked degrees of the preceding, or presence of hallucination, delusion, obsession or impulse, ... ..	31	24	55
3rd Class—Severe or Intense, e.g., still more marked degrees of the preceding, or presence of stupor, enfeeblement, facility, or dementia	37	40	77
Total, ... ..	72	66	138

ADMISSIONS TABLE X.—Bodily Health. Showing the State of the Bodily Health on admission in the 138 Persons admitted during 1904.

STATE OF THE BODILY HEALTH ON ADMISSION.	M.	F.	T.
<i>1st Class. Fair</i> , e.g., bodily health not specially below par, and no local disease or injury of consequence, ... ..	22	16	38
<i>2nd Class. Poor</i> , e.g. bodily health below par, or some local disease or injury of distinct significance, ... ..	30	35	65
<i>3rd Class. Weak</i> , e.g., bodily health much below par, or some local disease or injury of serious significance, ... ..	20	15	35
Total, ... ..	72	66	138

ADMISSIONS TABLE XI.—Prognosis as to Recovery on admission in the 138 Persons admitted during 1904.

PROGNOSIS	M.	F.	T.
1st Class—Good, ... ..	30	27	57
2nd Class—Doubtful, ... ..	19	28	47
3rd Class—Bad, ... ..	23	11	34
Totals, ... ..	72	66	138

DISCHARGES TABLE I.—Diagnosis in Recoveries. Showing the Varieties of Insanity correlated with the Forms of Insanity in the 56 persons discharged recovered during 1904.

VARIETIES OF INSANITY (Nosological).			FORMS OF INSANITY (Symptomatological).												TOTAL.		
			Melan- cholia.			Mania.			Hallucination and Delusion.			Confusion and Stupor.					
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recurrent Insanity, ...	1	1	2	...	5	5	...	...	...	...	...	...	1	6	7		
Epileptic Do., ...	...	...	...	2	...	2	...	...	.	1	...	1	3	...	3		
Paralytic Do., ...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1		
Syphilitic Do., ...	...	...	...	...	...	..	1	...	1	...	...	...	1	...	1		
Anæmic Do., ...	...	...	...	...	...	...	1	...	1	...	.	...	1	...	1		
Adolescent Do., ...	..	1	1	4	2	6	1	2	3	1	..	1	6	5	11		
Postnatal Do., ...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	2		
Postperal Do., ...	...	..	...	...	...	...	...	1	1	...	..	...	...	1	1		
Postnatal Do., ...	...	...	...	...	...	..	...	1	1	...	...	...	...	1	1		
Menopausal Do., ...	...	2	2	...	2	2	...	3	3	...	1	1	...	8	8		
Juvenile Do., ...	...	...	..	...	1	1	...	..	...	...	..	...	...	1	1		
Alcoholic Do., ...	1	1	2	5	...	5	5	...	5	3	...	3	14	1	15		
Idiopathic Do., ...	2	...	2	...	1	1	1	...	1	...	...	...	3	1	4		
Total, ... ..	4	5	9	11	12	23	9	8	17	5	2	7	29	27	56		





DEATHS TABLE I.—The Causes of Death, Sex, Average Age at Death, and number of Post Mortem Examinations made in the cases of the 59 Persons who died during 1904.

THE CAUSES OF DEATH.	No. of Deaths and Sex.			Average Age at Death.		No. of Post-Mortem Examinations.		
	M.	F.	T.	M.	F.	M.	F.	T.
i. <i>General Diseases</i> —								
Influenza, ... ..	...	1	1	...	59	...	1	1
Lobar Pneumonia, ... ..	1	...	1	54	...	1	...	1
Broncho-Pneumonia, ... ..	2	...	2	73	...	2	...	2
Tuberculosis Pulmonalis, ... ..	3	4	7	62	46	2	4	6
Infective Endocarditis, ... ..	...	1	1	...	36	...	1	1
Erysipelas, ... ..	1	1	2	77	85	1	1	2
Phagedaena, ... ..	1	...	1	48	...	...	...	...
Septic Intoxication (from cut-throat before admission), ... ..	1	...	1	47	...	1	...	1
Carcinoma Uteri, ... ..	...	1	1	...	44	...	1	1
Senile Decay, ... ..	3	7	10	78	73	3	6	9
Inanition, with inflammatory softening of brain, ... ..	1	...	1	20	...	1	...	1
ii. <i>Diseases of External Organs</i> —								
viz., Skin, Fat, Bones, Joints, Muscles, ... ..	...	...	...	...	...	...	...	...
iii. <i>Diseases of Haemopoietic Organs</i> —								
viz., Lymph and Blood Glands and Blood, ... ..	...	...	...	...	...	...	...	...
iv. <i>Diseases of Nervous System</i> —								
General Paralysis, ... ..	4	2	6	40	32	4	2	6
Cerebral Haemorrhage, .. ..	1	1	2	46	54	1	1	2
Cerebral Thrombosis, ... ..	1	1	2	80	68	1	1	2
Epilepsy, ... ..	...	1	1	...	17	...	1	1
Hysteria Gravis, ... ..	...	1	1	...	34	...	1	1
Exhaustion from Mania (Recurrent), ... ..	...	1	1	...	68	...	1	1
Do. do., (Climacteric), ... ..	1	...	1	60	...	...	...	...
Do. do., (Alcoholic), ... ..	1	...	1	53	...	1	...	1
v. <i>Diseases of Circulatory Organs</i> —								
Valvular Disease of Heart, ... ..	3	1	4	69	65	3	1	4
Fatty Degeneration of Heart (Alcoholic), ... ..	...	1	1	...	44	...	...	...
Atheroma of Aorta, with sudden rupture, ... ..	...	1	1	...	73	...	1	1
Pericarditis, with old cario-necrosis of ilium, ... ..	...	1	1	...	44	...	1	1
vi. <i>Diseases of Respiratory Organs</i> —								
Acute Bronchitis, ... ..	1	...	1	82	...	1	...	1
Chronic Bronchitis, with Emphysema, ... ..	...	2	2	...	69	...	1	1
vii. <i>Diseases of Alimentary Organs</i> —								
Atrophic Catarrh of stomach and gut, ... ..	...	3	3	...	36	...	3	3
Peritonitis, from perforating gangrenous ulcer of gut due to impacted piece of bone, ... ..	...	1	1	...	53	...	1	1
viii. <i>Diseases of Urinary Organs</i> —								
Chronic Nephritis, ... ..	...	1	1	...	52	...	1	1
ix. <i>Diseases of Generative Organs</i> —								
Parovarian Cystoma, ... ..	...	1	1	...	74	...	1	1
x. <i>Injuries</i> (accident or violence), ... ..	...	...	...	...	...	...	...	...
Total, ... ..	25	34	59	59·6	53·4	21	32	53







REMAINDER TABLE I.—Diagnosis of the Insanity in the 508 Patients Resident in the Asylum on the 31st December, 1904.

	M.	F.	T.
A. <i>Congenital Insanity (Idiocy and Imbecility)</i> , ... ..	19	15	34
B. <i>Acquired Insanity</i> —			
Melancholia, ... ..	9	15	24
Mania, ... ..	54	79	133
Hallucination and Delusion, ... ..	63	25	88
Confusion and Stupor, ... ..	6	6	12
Dementia, ... ..	98	119	217
Totals, ... ..	249	259	508

Of the above, there were 54 Epileptics (M. 40, F. 14) and 10 General Paralytics (M. 8, F. 2.)

REMAINDER TABLE II.—Total Duration of the Insanity in the 508 Patients Resident on the 31st December, 1904.

<i>Duration</i> —	M.	F.	T.
Recent or “Acute” (under 6 months), ... ..	18	15	33
Sub-Recent or “Sub-Acute” (6 months to 2 years), ... ..	37	24	61
Persistent or “Chronic” (2 years and over), ... ..	194	220	414
Totals, ... ..	249	259	508

REMAINDER TABLE III.—Prognosis as to Mental Recovery or Improvement in the 508 Patients Resident on the 31st December, 1904.

<i>Prognosis</i> —	M.	F.	T.
Recoverable, ... ..	33	29	62
Improvable, ... ..	52	45	97
Incurable, ... ..	164	185	349
Totals, ... ..	249	259	508



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DIETARY AND INDUSTRIAL  
TABLES.

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## AYR DISTRICT ASYLUM DIETARIES - NOTES.

### NOTES ON THE ORDINARY DIETARIES.

*Porridge, Bread, Tea, Coffee, and Cocoa are given ad libitum to all, patients and officials, at the meals at which these articles are served.* The daily allowance of Potatoes and Fresh Vegetables depends upon supplies from Asylum Garden (in case of vegetables), and Outside Market (in case of potatoes). When potatoes are dear, rice (2 oz. per head), or peas (3 oz.), or haricot beans (3 oz.), are served instead.

*The Officials' Ordinary Dietary is that for An Able-Bodied Man or Woman doing a Hard Day's Work.* No extras are given.

*The Patients' Ordinary Dietary* is based on the recommendations contained in the special Blue Book drawn up by Dr J. C. Dunlop, and published as a "Supplement to the 43rd. Annual Report of the General Board of Commissioners in Lunacy for Scotland (1902)," and it is a practical application of the above-named expert's "*Suggestions for securing the proper feeding of Pauper Lunatics*, which are as follows:—(1) Porridge and milk must be given at least once daily. (2) Bread should be given *ad libitum* with all meals. (3) Tea or Coffee or Cocoa should be given *ad libitum* twice daily. (4) The minimum weekly allowance of Butter should be 5 oz., or of Margarine 6 oz. (5) The minimum allowance of Potatoes should be 3 lbs, of other Fresh Vegetables 1½ lbs. (6) A Fish dinner or a fifth Meat dinner should be given weekly. (7) 24 oz. of Meat, uncooked without bone, should be the minimum weekly allowance. (8) The proper variation of diet should be insisted on, as by (a) giving the same dinner not oftener than twice weekly; (b) giving the same soup not oftener than twice weekly; (c) varying the meat, and its cooking; (d) giving puddings; and (e) giving seasonable dishes, as rhubarb, apples, etc., when easily procured. From the above dietary scale for the Patients at Ayr Asylum it will be seen that variety has been secured in the various meals as follows:—(I.) *Dimmers*, two courses daily. *1st Course*, Soup or Broth. *2nd Course*, Meat or Fish or Pudding. It will be noticed that the weakly nitrogenous 1st courses, viz., Potato Soup and Rice Soup, are combined with the strongly nitrogenous 2nd courses, viz., the largest rations of Fresh Meat, and the ration of Fish; that the moderately nitrogenous 1st courses, viz., Pea Soup and Lentil Soup, are combined with the moderately nitrogenous 2nd courses, viz., the rations of Preserved Meat, which, for variety sake, is served cold or in the form of Irish Stew or Meat Pie; and finally, that the richly nitrogenous first courses, viz., the Barley Broth with its contained Whole Peas or Fresh Beans and small ration of Fresh Meat, are combined with the feebly nitrogenous 2nd courses, viz., the Puddings, which vary according to season, and supply of rhubarb, etc., from garden. (II.) *Breakfasts* are varied, so far as this is possible, by giving Tea on Mondays, Wednesdays, and Fridays; Coffee on Tuesdays, Thursdays, and Saturdays; and Cocoa and Cheese, in place of Porridge, on Sundays. (III.) *Teas* are capable of but little variation in institutions, but Syrup is given instead of Butter on Sundays, and Lettuce and Cress according to season and garden supply. (9) Extra Food should be given to Working Patients.

*The Patient's Ordinary Dietary at Ayr is that for an Able-Bodied Man or Woman doing a Moderate Day's Work, each Woman receiving approximately 4-5ths of the Standard or Men's Dietary.* *Men Workers* therefore receive no extras except in a few cases, in which they are regarded as doing a hard day's work; but all men workers who smoke receive, as an inducement to work, a supply of tobacco (2 ounce of thin twist weekly is the average allowance). *Women Workers in the Laundry and Kitchen*, inasmuch as they do a woman's hard day's work, receive, in addition to their ordinary (or 4-5ths Standard) Dietary, the following Extras:—*A Forenoon Lunch at 11 a.m.* (Coffee, 5 oz.; Bread, 1½ oz.; Syrup, ⅔ oz.), and an *Afternoon Tea at 4 p.m.* (tea, 5 oz.; bread, 1½ oz.; Syrup, ⅔ oz.) *Women Workers in the wards* who are employed at the lighter labour of housework and sewing require no such extras, but those who make them selves specially useful, and those who assist at the weekly Mendings of Men's Clothes, &c., receive an Afternoon Tea as an extra. *Able-Bodied Idlers, men and women*, receive no extras; further, they receive less than the full ordinary Dietary at dinner, the Idlers of each sex being grouped at special tables to which relatively less food is sent. Similarly, less dinner per head is required in the wards for the *Old and Infirm* who are unable to work, and for Deteriorated Patients who simply lead a vegetative existence. The meat at dinner for all *Paralytic and Epileptic* patients is served minced.

On Christmas Day or New Year's Day, or other special occasion, Roast Beef or Mutton Pie, and Plum Pudding may be given at dinner; or Cake or Buns or Jam at Tea, according to the discretion of the Medical Superintendent.

### RECEIPTS PER PINT OF 20 OZ., OR PER DIET.

1. *Tea*—R Tea, ½ oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ⅔ oz.; Milk, 2 oz.
2. *Coffee*—R Coffee, 3-16ths oz.; Chicory, 1-16th oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ⅔ oz.; Milk, 2 oz.
3. *Cocoa*—R Cocoa, 3-16ths oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ⅔ oz.; Milk, 2 oz.  
N.B.—Sugar and Milk are served as a rule mixed in the patients' Tea, Coffee, or Cocoa, but separately in the case of that of the officials.
4. *Porridge*—R Oatmeal, 2½ oz.; Salt, ⅓ oz.; Water, 20 oz.
5. *Rice Soup*—R Rice, 1 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The patients' Fresh Meat on Mondays, and Marrow Bones on Fridays, are boiled in the Rice Soup.
6. *Potato Soup*—R Potatoes, 6 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The Stock from the Staff Boiled Mutton on Wednesdays is utilised in the Potato Soup.
7. *Lentil Soup*—R Split Lentils, 3 oz.; Water as required. N.B.—Made with the Stock from the Staff Boiled Beef on Sundays, along with some Ham Bones and Marrow Bones.
8. *Pea Soup*—R Split Peas, 3 oz.; Water as required. N.B.—Made with Ham Bones and Marrow Bones.
9. *Barley Broth*—R Pot Barley, 1 oz.; Whole Peas (or Fresh Beans), ⅓ oz.; Fresh Vegetables, 4 oz.; Water as required. N.B.—The Patients' Fresh Meat on Wednesdays and Sundays is boiled in the Broth, and is served in the Broth for the Patients, but not in that of the Staff.
10. *Meat Pie*—R Preserved Meat, 3½ oz. (patients), 7 oz. (officials); Flour, 2 oz.; Suet or Dripping, ¼ oz.; Water as required.
- 11.—*Beef Tea*—R Lean Beef, 16 oz.; Water, 20 oz.
12. *Mutton Tea*—R Lean Mutton, 16 oz.; Water, 20 oz.
13. *Fish Sauce* (per head)—R Flour, ⅓ oz.; Butter, 1-16th oz.; Milk, 1 oz.
14. *Omelet*—R Eggs, 4 (8 oz.); Milk, 20 oz. (Makes Breakfast Omelet for eight persons).
15. *Stewed Rhubarb*—R Rhubarb, 16 oz.; Water, 10 oz.; Sugar, 4 oz.
16. *Rhubarb (or Plum) Dumpling*—R Rhubarb (or Plums), 6 oz.; Flour 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water, as required.
17. *Rhubarb (or Plum) Tart*—R Rhubarb (or Plums), 8 oz.; Flour, 4 oz.; Suet or Dripping, ¼ oz.; Suet or Dripping, ¼ oz.; Sugar, 2 oz.; Water, as required.
18. *Apple Dumpling*—R Apples, 6 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1 oz.; Water, as required.
19. *Apple Tart*—R Apples, 8 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water, as required.
20. *Currant Dumpling*—R Flour, 4 oz.; Suet or Dripping, ½ oz.; Currants, ½ oz.; Sugar, 1 oz.; Water, as required.
21. *Currant Rice*—R Rice, 1½ oz.; Currants, ½ oz.; Sugar, ½ oz.; Milk, 20 oz.
22. *Rice, Sago, Tapioca, &c. Puddings*—R Rice, 1½ oz., or Sago, 1½ oz., or Tapioca, 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
23. *Milk or Corn Flour (or Arrowroot)*—R Corn Flour (or Arrowroot), 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
24. *Milk and Egg Custard*—R Eggs, 2 (4 oz.); Sugar, 1 oz.; Sweet Milk, 20 oz.

### SPECIAL OR SICK DIET

For all on the Sick List, Patients or Officials, is prescribed by the Physician from the following:—Sweet Milk, Butter Milk, Cream, Gruel; peptonised milk or milk gruel or Benger's Food; bovril, beef tea, meat extracts, meat jellies, clear soups, thick soups, broths; bread and milk, arrowroot, corn flour, tapioca, sago, rice, milk and egg custard; eggs, fish, chicken, minced meat, mutton chops, beef steaks; potatoes, fresh vegetables, fruit; bread, biscuits, butter, cheese; tea, coffee, cocoa, sugar; potash or soda water. Alcoholic stimulants are used only medicinally. The List of Patients on Extras and Stimulants is revised daily by the Assistant Physicians, and weekly by the Medical Superintendent.

C. C. EASTERBROOK, MED. SUPT.







DIETARY TABLE.—AYR DISTRICT ASYLUM DIETARIES.

OFFICALS' ORDINARY DIETARY. (M—Attendants and Tradesmen ; W—Nurses and Servants.)				
PATIENTS' ORDINARY DIETARY. (M—Men Patients ; W—Women Patients.)				
DAY OF WEEK.	BREAKFAST— 8.15 to 8.35 a.m.	DINNER— 1.30 to 2 p.m.	TEA— 6.30 to 6.50 p.m.	BREAKFAST—7.15 to 8 a.m. (Two Tables.) (NIGHT STAFF, 7.15 to 7.35 a.m.)
MONDAY.	Porridge. M. 30 oz., W. 20 oz. Sweet Milk 10 oz. W h e a t e n Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz. Or Margarine, $\frac{5}{16}$ oz. Tea, 10 oz.	Wheaten Bread, M. 4 oz. Rice Soup, 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold ; or as Irish Stew ; or as Meat Pie (in this case, Potatoes, 6 oz.)	Tea, 20 oz. W h e a t e n Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{4}$ oz. Or Margarine, $\frac{5}{16}$ oz. (Lettuce and Cress in sea-son).	Porridge, M 30oz. W. 20 oz. Sweet Milk, 10oz. Wheaten Bread, M. 8oz., W. 6oz. Salt Butter, $\frac{5}{16}$ oz. Tea or Coffee or Cocoa, 10oz. Omelet, 2 $\frac{1}{2}$ oz.
TUESDAY.	Do., with Coffee, 10 oz., instead of Tea.	Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Preserved Mutton or Beef, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables, 4oz. N.B.—Meat served cold ; or as Irish Stew ; or as Meat Pie (in this case, Potatoes, 6 oz.)	Do.	Do. with Preserved Beef, 3oz. instead of Omelet
WEDNESDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Do.	Do. with Mince Patties (2 oz. Mince Meat, Flour and Bread Crumbs), instead of Omelet.
THURSDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 6 oz., W. 5 oz. Potatoes, 6 oz., and Fresh Vegetables 4oz.	Do.	Do. with Preserved Mutton, 3 oz. instead of Omelet.
FRIDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 12 oz., W. 10 oz.; or dried, M. 6 oz., W. 5 oz. Potatoes, 12 oz.	Do.	Do., with an egg instead of Omelet
SATURDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz Preserved Beef or Mutton, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables 4oz. N.B.—Meatserved cold ; or as Irish Stew ; or as Meat Pie (in this case, Potatoes, 6 oz).	Do.	Porridge, M. 30 oz., W. 20 oz. Sweet Milk, 10oz. Bread, M. 8 oz. W. 6 oz. Salt Butter, $\frac{5}{16}$ oz. Tea or Coffee or Cocoa, 10 oz. Fish, fresh, dressed, M. 8 oz., or W. 6 oz. ; or dried, M. 4 oz., W. 3 oz.
SUNDAY.	Bread, M. 8oz. W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{16}$ oz. Cheese, 1 oz. Cocoa, 20 oz.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Syrup, 1 $\frac{1}{4}$ oz.	Bread, M. 8 oz. W. 6 oz. Salt Butter, $\frac{5}{16}$ oz. Sausages, 4 oz., or Liver, 2 oz., and Bacon, 2 oz. Tea or Coffee, or Cocoa, 20 oz.
OFFICALS' ORDINARY DIETARY. (M—Attendants and Tradesmen ; W—Nurses and Servants.)				
DAY OF WEEK.	DINNER—12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	DINNER—12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	TEA—5.30 to 6.30 p.m. (Two Tables). (NIGHT STAFF, 7.30 to 7.50 p.m.)	SUPPER—8 to 10 p.m. (NIGHT STAFF, 11.30 p.m. to 1 a.m.)
MONDAY.	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz. and Fresh Vegetables, 4 oz.	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz. and Fresh Vegetables, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{16}$ oz. Cheese, 1 oz. (Lettuce and Cress in sea-son).	Milk, 10 oz W h e a t e n Bread, M. 3 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz. Salt Butter, $\frac{1}{4}$ oz.
TUESDAY.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz and Fresh Vegetables, 6oz N.B.—Sometimes Pie instead of Stew.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz and Fresh Vegetables, 6oz N.B.—Sometimes Pie instead of Stew.	Do.	Do.
WEDNESDAY.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoulder, fresh, uncooked with bone), M. 16 oz., W. 12 oz. Potatoes, 12 oz. Pudding.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoulder, fresh, uncooked with bone), M. 16 oz., W. 12 oz. Potatoes, 12 oz. Pudding.	Do.	Do.
THURSDAY.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Do.	Do.
FRIDAY.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz., or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz., or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Do.	Do.
SATURDAY.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables, 4 oz. N.B.—Meatserved cold ; or as Irish Stew ; or as Shepherd's Pie ; or as Meat Pie (in this case, Potatoes, 8 oz).	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables, 4 oz. N.B.—Meatserved cold ; or as Irish Stew ; or as Shepherd's Pie ; or as Meat Pie (in this case, Potatoes, 8 oz).	Do.	Do.
SUNDAY.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef (fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef (fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Marmalade or Jam or Jelly or Syrup, $\frac{1}{2}$ oz.	Do.





INDUSTRIAL TABLES.—Showing the Amount and Value of the Estimable Work done during the Financial Year, 16th May, 1903, to 15th May, 1904, in certain departments, and distinguishing whether “Towards Accommodation” or “Towards Maintenance” of Patients. The Valuations are made by the Clerk of Works, for work done by Joiner, Painter, Plumber, and Engineer; by the Steward, for work done by Tailor and Shoemaker, and for Bread from Bakery, and Vegetables from Garden; and by the Matron, for work done in Sewing Rooms and Laundry.

### A.—JOINER (and Two Patients).

#### (a)—Towards Accommodation—

Recreation Hall—Platform and Stage, ... ..	£15	10	0
Window Repairs, ... ..	14	17	6
Doors and Flooring, ... ..	13	6	6
Wall Lining, ... ..	10	17	6
Window Partition for Steward's Office in Grocery Store, ...	6	5	0
Cupboards in Mess Rooms, ... ..	5	10	0
Wooden Screen in Nurses' Bedroom (off Kitchen Dormitory),	5	3	0
Chimney Pieces, ... ..	3	14	0
Cutting Glass, ... ..	3	10	0
Picture Framing, ... ..	3	8	6
Roof Repairs, ... ..	3	6	6
W.C. Seats, etc., ... ..	3	6	0
Wood Trays, ... ..	2	7	6
Trellis Fence Repairs, ... ..	2	3	6
Fitting-up Paint Shop, ... ..	2	0	4
Packing Boxes (Tradesmen's Empties, etc.), ... ..	1	15	6
Greenhouse Repairs, ... ..	1	13	6
Boards for Gas Pendants, ... ..	1	10	0
Garden Seat Repairs, ... ..	1	10	0
Coal Bunker Repairs, ... ..	0	15	6
Desk for Plumber's Shop, ... ..	0	10	6
Potato Boxes, ... ..	0	10	3
Kitchen Sinks, ... ..	0	8	6
Fire Brigade Practice, ... ..	1	9	0
	£105	8	7

#### (b)—Towards Maintenance—

#### Joiner Work—(Continued).

Wards' Furniture Repairs, and Small Furnishings, ...	£20	7	6
Laundry Repairs, ... ..	19	10	0
Making Coffins, ... ..	8	5	0
Brush Handles, ... ..	3	4	6
Garden Barrows, ... ..	2	15	6
Polishing Blocks, ... ..	0	10	6
Bakery Letters, ... ..	0	9	6
	£55	2	6



**A.—Continued.**

## Upholstery Work.

Lifting and Laying Carpets and Linoleum, ...	...	£16 10 6
Covering Sofas, Chairs, and Screens, ...	...	7 10 6
Covering Forms, Pads, and Knee Pads, ...	...	5 15 6
Covering Dining Hall and Ward Tables, ...	...	4 18 6
		<hr/>
		£34 15 0
		<hr/>

Total, £105 8s 7d, + £55 2s 6d, + £34 15s 0d, = £195 6 1

**B.—PAINTER** (and one patient).*Accommodation—*

Women's Villa, ...	...	£8 18 0
Women's Ward I., ...	...	7 7 0
Women's Ward II., ...	...	5 2 0
Women's Ward III. A and B, ...	...	6 13 0
Women's Ward IV., ...	...	0 18 0
Kitchen and Laundry Servants' Quarters, Bedrooms, and		
Mess Room, ...	...	9 1 0
Nurses' Parlour, ...	...	2 18 0
Kitchen Corridor, ...	...	0 18 0
Kitchen Dormitory, ...	...	0 18 0
Board Room and Officers' Dining Room, ...	...	4 8 0
Matron's Office, ...	...	2 2 0
Waiting Rooms, ...	...	3 6 0
Matron's Bedroom, ...	...	2 9 0
Officers' Bathroom, ...	...	0 18 0
Men's Villa, ...	...	4 13 0
Men's Ward I., ...	...	7 11 0
Men's Ward II., ...	...	3 0 0
Men's Ward III. A and B, ...	...	2 11 0
Men's Ward IV., ...	...	8 11 0
Men's Lobby at Main Stair to Hall, ...	...	1 3 0
Attendants' Parlour, ...	...	3 3 0
Recreation Hall, ...	...	6 9 0
Central Stores, ...	...	10 3 0
Steward's House, ...	...	2 10 0
Medical Superintendent's Kitchen, ...	...	0 9 0
Assistant Gardener's Kitchen, ...	...	0 9 0
Mortuary and Post-Mortem Room, ...	...	3 3 0
Touching up Walls and Woodwork at New Plaster,	...	8 16 0
Pads, ...	...	1 13 0
Fire Pails and Belts, ...	...	0 18 0
Chairs and Picture Frames, ...	...	5 10 0
Fire Brigade Practice, ..	...	0 19 0
		<hr/>
		£128 17 0
		<hr/>

**C.—PLUMBER.***Accommodation—*

Roof Repairs, ... ..	£10	2	8
Lavatory Repairs—Men's Division, ... ..	7	19	2
Lavatory Repairs—Women's Division, ... ..	7	3	1
Gas Mains, ... ..	7	8	10
Water Mains, ... ..	6	13	4
Hot Water Mains, ... ..	6	13	10
Steam Pipe Repairs, ... ..	6	2	9
House Drains, ... ..	5	14	6
Glazing Men's Division, ... ..	4	8	8
Glazing Women's Division, ... ..	3	7	4
Tinsmith Work, ... ..	3	16	10
Gas Repairs—Men's Division, ... ..	2	9	1
Gas Repairs—Women's Division, ... ..	2	1	2
Iron Bed Repairs, ... ..	2	0	4
Greenhouse Repairs, ... ..	2	3	0
Piggery Repairs, ... ..	0	15	6
Septic Tank, ... ..	6	2	2
Firing Steam Boilers, ... ..	24	5	6
Fire Brigade Practice, ... ..	1	10	1
	<hr/> £110 17 10 <hr/>		

**D.—ENGINEER.***Accommodation—*

Gas and Water Pipes, ... ..	£9	10	0
Laundry Extractor Repairs, ... ..	9	5	0
Steam Pipe Repairs, ... ..	8	10	0
Lock Repairs, ... ..	3	17	4
House Drains, ... ..	3	10	0
Blacksmith Work, ... ..	8	10	0
Cleaning Flues of Steam Boilers, ... ..	8	8	0
Firing Steam Boilers, ... ..	44	7	8
Septic Tank, ... ..	5	6	3
Fire Brigade Practice, ... ..	1	18	0
	<hr/> £103 2 3 <hr/>		

**E—TAILOR (and 2 Patients).***Maintenance—*

Making 4 Tweed Suits, ... ..	@ 10/-	£2	0	0
„ 6 Jackets, ... ..	6/-	1	16	0
„ 4 Vests, ... ..	2/-	0	8	0
„ 4 Pairs Cricket Trousers, ... ..	3/-	0	12	0
„ 13 Pairs Tweed Trousers, ... ..	3/-	1	19	0
„ 77 Pairs Corduroy Trousers, ... ..	2/-	7	14	0
„ 24 Tweed Caps, ... ..	-/6	0	12	0
„ 4 Canvas Shirts, ... ..	1/-	0	4	0
„ 2 Bed Quilts, ... ..	15/-	1	10	0
„ 1 Truss, ... ..	2/-	0	2	0
„ 2 Screens for Cricket Field, ... ..	12/6	1	5	0
Cutting 115 Pairs Drawers, ... ..	-/3	1	8	0
	<hr/> £19 10 9 <hr/>			

**E.—Continued.**

Repairing 2006 Pairs Trousers, ..	...	... @	-/6	£50	3	0
„ 301 Jackets, ...	...	... „	1/6	22	11	6
„ 243 Vests, ...	...	... „	-/6	6	1	6
„ 4 Overcoats, ...	...	... „	2/-	0	8	0
Sundries, ...	...	...		9	12	0
				<hr/>		
				£88 16 0		

## Upholstery, etc. Work.

Making 64 Window Blinds, ...	..	... @	-/6	£1	12	0
Repairing Canvas Pads, ...	...	... „	10/-	0	10	0
Cutting 17 Bed Mattresses, ...	...	... „	-/3	0	4	3
Repairing Carpets, ...	...	...		2	8	6
Covering 8 Footstools, ...	...	... „	-/9	0	6	0
Binding 2 Hearth Rugs, ...	...	... „	1/6	0	3	0
Repairing 2 Window Curtains, ...	...	... „	1/-	0	2	0
Repairing 12 Bed Covers, ...	...	... „	-/6	0	6	0
				<hr/>		
				£5 11 9		
				<hr/>		
Total, ...	...	...		... £113 18 6		
				<hr/>		

**F—SHOEMAKER (and 1 Patient).***Maintenance—*

Making 1 Pair Women's Boots, ...	...	... @	5/-	£0	5	0
„ 1 „ „ Shoes, ...	...	... „	4/-	0	4	0
„ 1 „ Men's Boots, ...	...	... „	6/-	0	6	0
„ 4 „ „ Shoes, ...	...	... „	5/-	1	0	0
„ 4 „ „ Slippers, ...	...	... „	4/-	0	16	0
				<hr/>		
				£2 11 0		
Repairing 229 Pairs Women's Shoes, ...	...	... @	1/6	£17	3	6
„ 363 „ Men's Boots, ...	...	... „	1/6	27	4	6
„ 360 „ „ Shoes, ...	...	... „	1/7	28	10	0
„ 36 „ „ Braces, ...	...	... „	-/2	0	6	0
„ 29 „ „ Braces, ...	...	... „	-/3	0	7	3
„ 1 Truss, ...	...	... „	-/6	0	0	6
Making 1 Gardener's Nail Bag, ...	...	... „	2/-	0	2	0
„ 2 Straps for Fire Hose, ...	...	... „	-/6	0	1	0
Fixing 20 Straps on Fire Hose, ...	...	... „	-/3	0	5	0
Sewing 6 Sheaths on Firemen's Belts, ...	...	... „	-/6	0	3	0
„ 6 Rings on „	...	... „	-/3	0	1	6
Lacing 9 Carpet Switches, ...	...	... „	-/3	0	2	3
Sundries, ...	...	...		5	17	9½
				<hr/>		
				£80 4 3½		

## Upholstery Work.

Making 7 Hair Mattresses, ...	...	... @	4/9	£1	13	3
„ 5 Hair Chair Cushions, ...	...	... „	1/-	0	5	0
				<hr/>		
				£1 18 3		
				<hr/>		
				£84 13 6½		
				<hr/>		



**G—BAKER** (and 1 Patient).*Maintenance—*

## Supplies of Bread from Asylum Bakery.

*Debit Account.*

Flour, "Patents,"	...	...	...	...	...	£197	17	8
Flour, "Straights,"	...	...	...	...	...	204	3	4
Rice Flour,	...	...	...	...	...	8	15	0
Lard,	...	...	...	...	...	11	13	4½
Yeast,	...	...	...	...	...	11	2	9
Salt,	...	...	...	...	...	1	10	1
Coke,	...	...	...	...	...	10	14	2½
Baker's Wages,	...	...	...	...	...	65	0	0
						<u>£510 16 5</u>		

*Credit Account.*

6760 $\frac{5}{12}$ Dozen 2lb. Loaves, @ $1\frac{0}{4}\frac{1}{2}$ d per Dozen,	..	£508	5	8
101 $\frac{6}{12}$ Dozen 6oz. Rolls, @ $\frac{1}{2}$ d Each, ...	...	2	10	9
<u>£510 16 5</u>				

Hence the Asylum 2lb Loaf costs  $1\frac{1}{2}$ d.**H.—GARDEN.** Supplies from Asylum Garden.*Maintenance—**Supplies of Vegetables from Garden—*

				Quantity.		Rate.				
				St.	Lbs.	s.	d.			
Artichokes,	...	...	...	54	13	0	8	£1	16	0½
Beans,	...	...	...	93	8	0	7	2	16	0
Beetroot,	...	...	...	51	0	0	10 $\frac{3}{4}$	2	5	3
Brussels Sprouts,	...	...	...	25	2	0	3½	5	4	0
Cabbage,	...	...	...	436	5	1	2	24	4	5 $\frac{3}{4}$
Cauliflower,	...	...	...	5	3	2	4	0	12	2
Celery,	...	...	...	15	8	2	8	2	2	2
Greens,	...	...	...	83	7	0	11 $\frac{3}{4}$	3	19	11
Leeks,	...	...	...	207	6	0	7	5	16	3 $\frac{3}{4}$
Lettuce,	...	...	...	150	5	0	8 $\frac{3}{4}$	5	9	3
Mustard and Cress,	...	...	...	4	4	2	5 $\frac{3}{4}$	0	10	7
Onions,	...	...	...	88	13½	1	0	4	10	3 $\frac{3}{4}$
Peas,	...	...	...	14	8	0	10	0	12	0
Parsley,	...	...	...	10	9	2	4	1	4	9
Parsnips,	...	...	...	263	3	0	7½	8	5	0½
Radishes,	...	...	...	2	11	1	3	0	3	5½
Rhubarb,	...	...	...	305	12	0	6	7	12	9½
Savoy,	...	...	...	43	1	1	2	2	10	3
Shallots,	...	...	...	4	4	1	0	0	4	3½
Syboes,	...	...	...	0	4	0	7	0	0	2
Turnips,	...	...	...	825	2	0	3	9	16	4 $\frac{3}{4}$
Total,	...	...	...	...	...	...	...	£89	15	7½

## H. Continued.

*Supplies of Fruits from Garden—*

				Quantity.	Rate.				
				Lbs.	s.	d.			
Tomatoes,	...	...	...	325	0	8	£10	16	8
Black Currants,	..	...	...	25	0	8	0	16	0
Raspberries,	...	...	...	30	0	8	1	0	0
Strawberries,	...	...	...	60	0	6	1	10	0
Gooseberries,	...	...	..	45	0	3	0	11	3
Cucumbers,	...	...	...	96	0	4	1	12	0
							<hr/>		
							£16	5	11

*Supplies of Cut Flowers, Plants, Etc.—*

60 Table Plants @ 10/- per week, ... ..	£30	0	0
14 Pans filled with Bulbs and Ferns—12 weeks at 1/3 each per week, ... ..	10	10	0
Cut Flowers for 9 months, at 2/6 per week, ... ..	4	10	0
Christmas and New Year Decorations, ... ..	10	0	0
	£55	0	0

Total Supplies from Garden—£161 1s 6d.

**I.—SEWING ROOMS.** Clothing Made and Repaired.

*Maintenance—*

## WOMEN'S CLOTHING.

					Rate.		Total.		
					s.	d.	£	s.	d.
324	Flannel Semits,	...	...	...	0	4	5	8	0
367	Chemises,	...	...	...	0	6	9	3	6
458	Petticoats,	...	...	...	0	6	11	9	0
171	pair Drawers,	...	...	...	0	6	4	5	6
159	Night Dresses (Short),	...	...	...	0	6	3	19	6
64	Night Dresses (Long),	...	...	...	0	8	2	2	8
12	F. Night Dresses (Long),	...	...	...	0	8	0	8	0
52	Serge Dresses,	...	...	...	3	0	7	16	0
116	Print Dresses,	...	...	...	3	0	17	8	0
6	Ball Dresses,	...	...	...	7	6	2	5	0
21	Laundry Blouses,	...	...	...	0	8	0	14	0
4	Dressing Gowns,	...	...	...	3	6	0	14	0
47	Tweed Capes,	...	...	...	4	6	10	11	6
509	Aprons,	...	...	...	0	2	4	4	10
124	Ties (Lace ends),	...	...	...	0	4	2	1	4
18	Nightingales,	...	...	...	0	4	0	6	0
98	pair Stockings,	...	...	...	0	9	3	13	6
228	pair Stockings (Re-footed),	...	...	...	0	4	3	16	0
							<hr/> £90 6 4		

## MEN'S CLOTHING.

MEN'S CLOTHING.										
219	Shirts, ...	...	...	...	1	0	£10	19	0	
289	Flannel Semits,	...	...	...	0	6	7	4	1	
48	Night Shirts,	...	...	...	0	8	1	12	0	
119	pair Drawers,	...	...	...	1	0	5	19	0	
240	Ties, ...	...	...	...	0	2	2	0	0	
130	Feeders, ...	...	...	...	0	0 $\frac{1}{2}$	0	5	5	
338	pair Socks,	...	...	...	0	8	11	5	4	
288	pair Socks (Re-footed),	...	...	...	0	4	4	16	0	
							£44	0	10	

## I.—Continued.

BEDDING AND NAPERY, ETC.										
1266	Sheets, ...	..	...	...	...	0	2	£10	11	0
39	Draw Sheets,	...	...	...	...	0	2	0	6	6
465	Bolster Cases,	...	...	...	...	0	4	7	15	0
213	Pillow Cases,	...	...	...	...	0	4	3	11	0
80	Mattress Slips,	...	...	...	...	1	0	4	0	0
17	Red Ticks,	...	...	...	...	1	0	0	17	0
34	Table Cloths,	...	...	...	...	0	2	0	5	8
6	Crumb Cloths,	...	...	...	...	0	2	0	1	0
242	Kitchen Towels,	...	...	...	...	0	0½	0	10	1
146	Bath Towels,	...	...	...	...	0	1	0	12	2
189	Roller Towels,	...	...	...	...	0	1	0	15	9
20	Chair Covers and Cushions,	...	...	...	...	0	8	0	13	4
2	pair Curtains,	...	...	...	...	1	0	0	2	0
12	Doyleys,...	...	...	...	...	0	8	0	8	0
6	Tray Cloths,	...	...	...	...	2	0	0	12	0
90	Shrouds, ...	...	...	...	...	0	4	1	10	0
600	Bandages,	...	..	...	...	0	0½	1	5	0

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£33 15 6

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## UNIFORM.

31	Serge Dresses,	...	...	...	...	4	0	£6	4	0
53	Print Dresses,	...	...	...	...	4	0	10	12	0
90	Nurses' Caps,	...	...	...	...	0	3	1	2	6
305	Nurses' Aprons,	...	...	...	...	0	6	7	12	6
76	Attendants' Aprons,	..	...	...	...	0	5	1	11	8

---

£27 2 8

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## REPAIRS OF CLOTHING.

42,500	Articles, ...	...	...	...	...	0	1	£177	1	8
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Total, £372 7s 0d.

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## J.—LAUNDRY. Washing.

*Maintenance—*

289,814	Articles Washed and Dressed, ...	...	...	...	...	0	1	£1207	11	2
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# TREASURER'S FINANCIAL TABLES.

*(For the Year 16th May, 1903, to 15th May, 1904).*

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### FINANCIAL TABLE I.

PROVIDI

FOR THE YEAR ENI

RECEIPTS.										Total for the Year.
Statement of Balance in favour of Board at 15th May, 1903, ... ..										£1798
I.	Assessment on District—									
	1.	County of Ayr, ... ..	...	...	...	...	...	...	£2689 13 7	
	2.	Burgh of Ayr, ... ..	...	...	...	...	...	...	389 10 6	
	3.	Burgh of Kilmarnock, ... ..	...	...	...	...	...	...	326 4 0	
	4.	Burgh of Irvine, ... ..	...	...	...	...	...	...	94 11 11	
										3500
II.	Loans borrowed on the Security of Assessments, under the provisions of the Statute,									9985
III.	Estimated Rent of Farm, paid from the Maintenance Account, on account of Farm									
	Lands acquired by purchase, and of Farm Buildings and Improvements, ...									100
IV.	Other Receipts—									
	Old Iron sold, ... ..									3
Total, ... ..										£15,386

## TOTAL COST PER BED. (PROVIDING ACCOUNT).

N.B.—Accommodation of Asylum on 15th May, 1904, for 460 Patients. Total cost per including everything under "Providing Account," since origin of Asylum in 1869 up to May, 1904, £129,328 1s. 8d.,  $\div 460 =$  £281 2s. 11½d.



COUNT.

## FINANCIAL TABLE I.

15 MAY, 1904.

PAYMENTS.				Total for the Year.	Total Expenditure since Origin of Asylum.
<i>Land (exclusive of Farm Lands)—</i>					
1. Purchase of Asylum Grounds.					
2. Rent of Asylum Grounds, Feu-Duty and Stipend, ...	...	...	...	£154 10 1	£5480 5 10
<i>Asylum Buildings, Additions, Alterations and Improvements—</i>					
1. Improvement of Grounds, ...	...	...	...	£475 6 4	
2. Mason, ...	...	...	...	1418 11 9	
3. Carpenter, ...	...	...	...	463 12 11	
4. Plumber, ...	...	...	...	} 417 2 3	
5. Slater, ...	...	...	...		
6. Lath and Plaster, ...	...	...	...	46 6 2	
7. Painting, Glazing, and Papering, ...	...	...	...	140 14 4	
8. Smith and Founder Work, ...	...	...	...	23 0 2½	
9. Heating and Ventilating, ...	...	...	...	43 11 3	
10. Architect, ...	...	...	...	229 4 4	
11. Plant for Electric Light, ...	...	...	...	0 0 0	
				3257 9 6½	85,792 17 11½
<i>Expenditure on Farm—</i>					
1. Purchase of Farm Lands, ...	...	...	...	£890 0 0	
2. Farm Buildings and Walls, Additions, Alterations and Repairs, ...	...	...	...	282 4 3	
3. Draining, Fencing, etc., ...	...	...	...	35 11 10	
				1207 16 1	7522 13 3½
<i>Furniture and Furnishings (comprising the outlay for the complete equipment of the Asylum, and of additions to it, and the cost of articles rendered necessary by increase of population).</i>					
1. Household Furnishings, ...	...	...	...	£0 0 0	
2. Ironmongery and Cutlery, ...	...	...	...	31 2 1½	
3. Bedcoverings, ...	...	...	...	0 0 0	
4. Table Linen and Towelling, ...	...	...	...	0 0 0	
5. Mattresses and Upholstery, ...	...	...	...	55 7 0	
6. Carpeting, etc., ...	...	...	...	45 4 3	
7. Joiner-work and Cabinet-work, ...	...	...	...	74 13 6	
8. Stoneware and Glass, ...	...	...	...	0 0 0	
9. Minor Furnishings, ...	...	...	...	2 9 6	
				208 16 4½	9135 16 6½
<i>Miscellaneous Expenses—</i>					
1. Interest paid on Bank Account, ...	...	...	...	£14 15 0	
2. Law, ...	...	...	...	99 2 7	
3. Insurance, ...	...	...	...	57 16 11	
4. Printing, Advertising, Stationery, and Incidents, ...	...	...	...	41 9 5	
5. Taxes levied on Owner, ...	...	...	...	118 18 3	
				332 2 2	2566 10 5½
<i>Loans—</i>					
1. Instalment of Loans, ...	...	...	...	£8685 0 0	
2. Interest on Loans (less Income Tax, amounting to £35 19s. 4d.), ...	...	...	...	741 6 8	
				9426 6 8	16,710 10 11
Expenses for first year after opening of Asylum, borne by Capital Account, under provisions of Section 54, 20 and 21 Vic. cap. 71, ...					2119 6 8
Statement of Balance in favour of Board at 15th May, 1904, ...				799 1 11	
Total, ...				£15,386 2 10	
Total Expenditure on Asylum up to 15th May, 1904, ...				...	£129,328 1 8

# FINANCIAL TABLE II.

## MAINTENANCE

FOR THE YEAR END

RECEIPTS.						Total for the Year.
<b>I. Board of Patients—</b>						
1. Board Receivable during Year (at fixed Rate of £27 6s since 14th November, 1901), ...	£14,318	8	11			
2. Extra Outlays on Patients during Year, for Funeral Expenses, Removals, etc., ...		46	16	4		
					£14,365	5 3
Less... Board Repayable for Patients Dead or Discharged before Expiry of Quarter, ...					86	0 6
						£14,279 4
<b>II. Farm and Garden Produce, Etc.—</b>						
1. Value of Produce sold—						
Pigs, ...	£676	5	1			
Grazing, ...		40	11	6		
					716	16 7
2. Value of Produce supplied to Asylum—						
Green Vegetables, ...	£89	15	7			
Fresh Fruit, ...		16	5	11		
Kitchen Waste for Piggery, ...		26	0	0		
					132	1 6
						848 18
<b>III. Other Receipts—</b>						
Interest on Deposit Receipt, ...	£3	6	11			
Rags, Bones, and Old Iron sold, ...		15	7	9		
						18 14
Statement of Balance against the Board at 15th May, 1904, ...					155	19 0
Less—Petty Cash on hand at Asylum, ...	£21	12	6½			
On Deposit Receipt, ..		57	6	10		
Do., ...		5	0	0		
					83	19 4½
						71 19
Total, ...						£15,218 17

### 1903-1904.—COST PER HEAD (MAINTENANCE ACCOUNT).

	Men.	Women.	Total
Average Number of Patients resident during Financial Year. ...	252·5	267·5	
Average Number of Officials boarded wholly or in part during Financial Year, ...	37	41	
Total, ...	289·5	308·5	

N.B.—Maintenance Expenses (£14241 18s 4½), Less Profit on Farm and Garden Account (£140 11d), and Sales of Old Iron, etc. (£18 14s 8d), £14,082 12s 9½d, divided by 520 eq £27 1s 7½d, the Net Cost of Maintenance per Patient during Financial Year.

ACCOUNT.

FINANCIAL TABLE II.

15TH MAY, 1904.

PAYMENTS.						Total for the Year.	
Statement of Balance against the Board at 15th May, 1903, ...						£100	7 9
I. Maintenance of Patients and Expenses—							
i. Food, ...					£5650	6	2½
ii. Clothing, Boots and Shoes, Etc., ...					1022	17	4½
iii. Medicines and Surgical Appliances, ...					141	6	7
iv. Wines, Spirits, and Malt Liquors, ...					24	8	6
v. Tobacco, ...					142	7	0
vi. Miscellaneous —							
1. Taxes and Public Burdens levied on Occupier, ...	£68	15	6				
2. Interest paid on Bank Account, ...	14	5	6				
3. Incidents (e.g. Postages, Printing, Stationery, Advertising, Conveyance, Amusements, &c., ...	450	8	10				
					533	9	10
vii. Salaries and Wages—							
1. Officers (viz., 1 Medical Superintendent, 2 Assistant Physicians, a1 Consulting Physician, a1 Chaplain, a1 Treasurer a1 Clerk of Works, 1 Steward, 1 Matron, 1 Head Attendant and 2 Gardeners, ...	£1733	4	1				
2. Attendants and Tradesmen (viz., 30 Attendants, 1 Engineer, 1 Plumber, 1 Joiner, 1 Painter, 1 Shoemaker, a1 Tailor, a1 Baker, and 1 Messenger, ... a Non-Resident. ...	1361	5	1				
3. Nurses and Servants (viz., 30 Nurses, 1 Dressmaker, 1 Cook, 1 Kitchenmaid, 1 Hallmaid, 2 Housemaids, 1 Laundress, and 3 Laundry-maids, ...	772	0	4				
					3866	9	6
viii. Institution Necessaries—							
1. Fuel, ...	£894	1	8				
2. Light, ...	589	9	8				
3. Water, ...	265	5	10				
4. Laundry and Household Requisites, ...	351	1	2				
5. Furniture and Furnishings (comprising the Outlay for the Replacement and Repair of all Furniture and Furnishings worn out or destroyed in the ordinary course of Asylum Management)—							
1. Household Furnishings, ...	£54	16	6½				
2. Ironmongery and Cutlery, ...	83	17	7				
3. Bedcoverings, ...	407	14	6½				
4. Table Linen and Towelling, ...	42	3	9				
5. Mattresses and Upholstery, ...	24	0	7				
6. Carpeting, ...	31	10	5				
7. Joiner Work & Cabinet Work ...	16	13	9				
8. Stoneware and Glass ...	85	9	8				
9. Minor Furnishings, ...	14	8	1½				
	760	14	11½				
					2860	13	4½
I. Farm and Garden Expenses—							
i. Estimated Rent of Farm Lands, acquired by purchase, and of Buildings and Improvements, paid by the Maintenance Account to the Providing Account, ...	£100	0	0				
ii. Pigs, ...	399	11	0				
iii. Implements, Manure, Seeds, Fodder, Paid Labour, Etc., ...	198	2	2				
iv. Value of Kitchen Waste supplied to Piggery, ...	26	0	0				
v. Value of Produce supplied from Garden to Kitchen, ...	106	1	6				
					829	14	8
Extra Expenses for Funerals, etc., chargeable over and above Rate for Maintenance, ...	46	16	4				
TOTAL, ...					£15,218	17	1½



## FINANCIAL TABLE III.—FARM AND GARDEN ACCOUNT.

FOR THE YEAR ENDING 15TH MAY, 1904.

## RECEIPTS.

	Total for the Year
Pigs Sold, ... ..	£676 5
Grazings Let, ... ..	40 11
Value of Produce supplied from Garden to Asylum—	
1. Green Vegetables, ... ..	£89 15 7
2. Fresh Fruits, .. ..	16 5 11
Value of Kitchen Waste supplied to Piggery, ... ..	106 1
Valuation of Pigs in Stock at 15th May, 1904, ... ..	26 0
	180 4
Total, ... ..	<u>£1029 2</u>

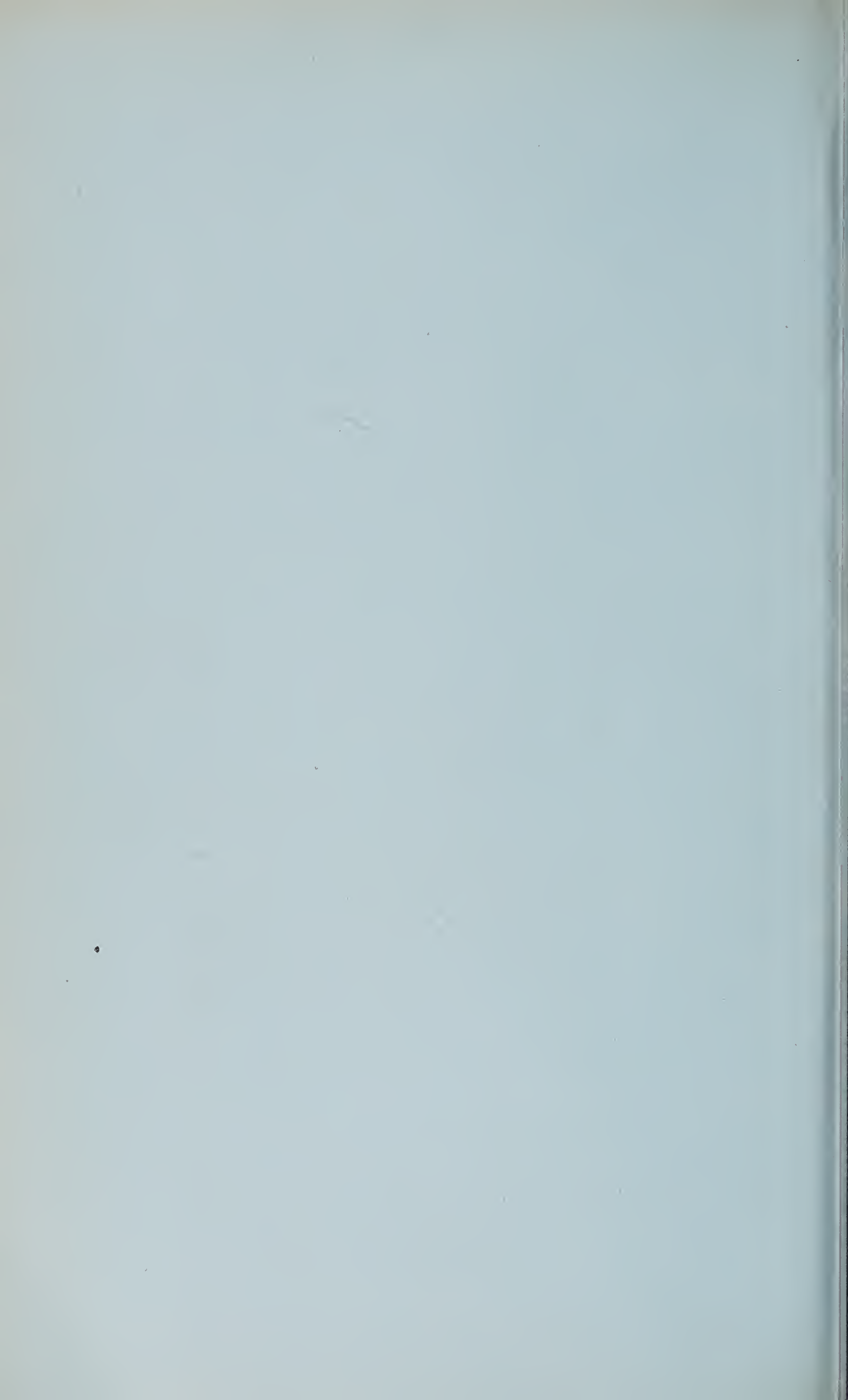
## PAYMENTS.

	Total for the Year
Valuation of Pigs in Stock at 15th May, 1903, ... ..	£164 18
Estimated Rental of Farm Lands acquired by purchase, and of Buildings and Improvements, paid by Maintenance Account to Providing Account, ... ..	100 0
Value of Kitchen Waste received for Piggery, ... ..	26 0
Ordinary Expenditure—	
1. Pigs Bought, ... ..	£399 11 0
2. Implements, ... ..	20 10 7
3. Seeds and Plants, ... ..	58 8 0
4. Fodder, Grain, Root, and Feeding Stuffs, ... ..	69 16 0
5. Manures, ... ..	20 0 0
6. Paid Labour, ... ..	29 6 10
Balance in favour of Farm and Garden, ... ..	597 13
	140 10
Total, ... ..	<u>£1029 2</u>

N.B.—Amount of Land in Occupation of Asylum. 119½ Acres, occupied thus:—(1) Buildings, 12 acres; (2) Recreation and Ornamental Grounds, 25½ acres; (3) Woods, Roads, Etc. (not arable), 12 acres; (4) Vegetable, Fruit, and Flower Gardens, 6½ acres; (5) Crops, 7 acres; (6) Pasture Lands, 66 acres.

JAM. E. SHAW. Treasurer.  
JAMES HUTTON, C.A., Auditor.









AYR DISTRICT ASYLUM,  
AYR.

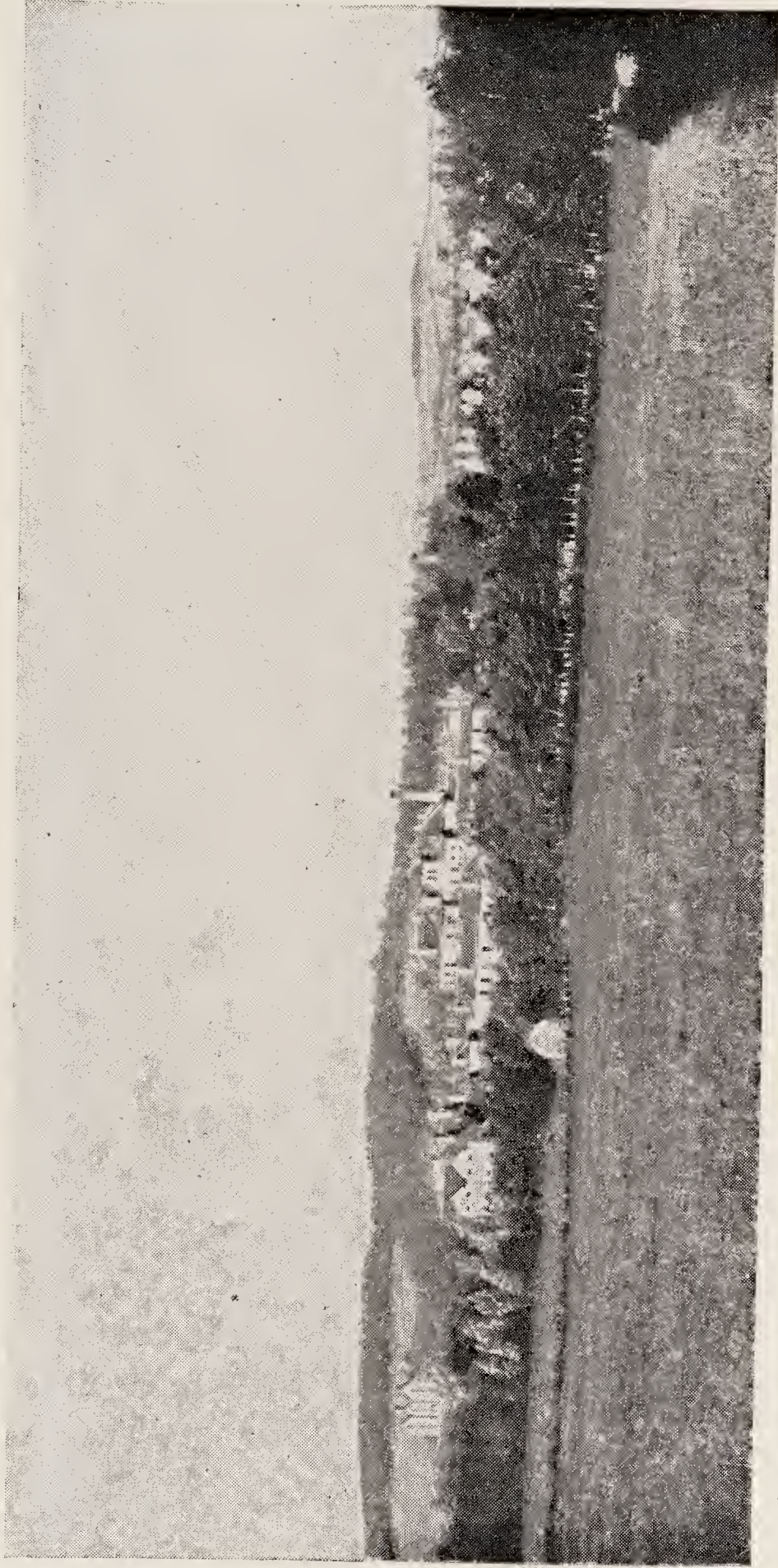
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THIRTY-FIFTH

ANNUAL REPORT,

1905.





Men's Villa.

Women's Villa.

Main Buildings.

New Hospital.

## AYR DISTRICT ASYLUM.





THIRTY-FIFTH  
ANNUAL REPORT  
OF THE  
AYR DISTRICT ASYLUM  
FOR THE  
COUNTY OF AYR.  
GLENGALL, BY AYR

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1905.

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Medical and Administrative Statistics for the Year,  
1st January to 31st December, 1905.

Financial and Industrial Statistics for the Year,  
16th May, 1904, to 15th May, 1905.

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AYR:

Printed by FERGUSON & COY., at the *Observer* Offices,  
1906.





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Death Rate  
high.

The *Death Rate*, based on the total number under treatment, was 10·32 per cent. (men 8·56 per cent., women 12·04 per cent.); but based on the average resident population, was 13·62 per cent. (men 11·45 per cent., women 15·70 per cent.), a high mortality rate, which also will be discussed later.

Monthly  
Incidence.  
(Table XVI.)

The *Monthly Incidence* of the Admissions, Discharges, and Deaths during 1905 presented nothing noteworthy, the rate for each group during the various months and quarters being fairly steady.

Relative  
Chargeability to  
Parishes of Ayr-  
shire. (Table XVII.)

As to the *Relative Chargeability* to the various Parishes in the County of the patients who were admitted or discharged, or who died during the year, Ayr and Kilmarnock with their large populations as usual stood considerably above the rest. Each of these parishes sent us 27 patients, and while Ayr showed a record of 10 discharges and 15 deaths, Kilmarnock had 20 discharges and 10 deaths. As regards the number of patients remaining in the Asylum at the end of 1905, 102 were chargeable to Ayr, 64 to Kilmarnock, 22 to Stevenston, 20 to Dundonald, and the other parishes had less than 20 patients each on the Asylum books.

Ratio of  
Insanity to  
Population in  
Ayrshire low.

As to the *Ratio of Insanity to Population* in Ayrshire, at the 1901 census the County of Ayr stood well down amongst the 33 counties of Scotland arranged according to the prevalence of insanity in them, being 28th on the list of "total insanity" (pauper and private), and 22nd on the list of "pauper lunacy." Dr John Macpherson shewed, in the Morison Lectures at Edinburgh last year, that in Scotland generally the ratio of insanity to population tended to be low in those communities with a rising population, and high in those with a falling population. The population of Ayrshire at the 1901 census was found to be 254,468, an increase of 28,082 since 1891, or roughly at the rate of 2800 persons per annum, an increase which there is every reason to believe still continues. There were 671 pauper lunatics in Ayrshire known to the General Board of Lunacy on the 1st of January, 1905. Taking the population (corrected) of Ayrshire on that date at 265,000, I would estimate the ratio of pauper lunacy to population in Ayrshire during 1905 at 253 per 100,000, or 25·3 per 10,000, or 2·53 per 1000. According to similar estimates made in previous annual reports, the corresponding figures for 1904 were 260 per 100,000, and for 1903, 265 per 100,000; and so it would appear that in Ayrshire, with its rising population, the ratio of insanity is falling, and this is possibly confirmed by the fact that the annual admission rate at the County Asylum during the past fifteen years has shewn no distinctly progressive upward tendency, although the resident



population has considerably increased during the same period.

Amount of Lunacy in Ayrshire treated in Asylum since its opening. Table II).

Since the opening of the Asylum in 1869, there have been fully 4700 admissions, fully 2000 recoveries, nearly 1000 non-recoveries, and nearly 1200 deaths, and there remain about 500 patients resident in the Institution.

#### A.—THE ADMISSIONS.

Admission Rate average.

The total number of admissions for 1905 was 151 (men 78, women 73), representing 151 persons, as it happened that no individual patient was admitted a second time during the year. During the past 15 years the number of admissions per annum has varied from a minimum of 120 in 1892 to a maximum of 181 in 1898, and averages at 149, which thus closely corresponds to the actual number for 1905. Of the 151 persons admitted during the year, 25 were indirect admissions, comprising "transfers" from other asylums and lunatic wards of poorhouses, and what I have elsewhere called "home cares," or previously certified and usually confirmed unrecovered patients living in the community, whether partially supported on the rates or wholly maintained by their natural guardians. The remaining 126 persons were direct admissions from the community, sent in on account of the onset of a distinct attack of insanity, and to these cases the following statistics refer.

The Medical Statistics of the Admissions refer to the 126 direct cases only.

Age and Conjugal State. (Table III.)

As to *Age*, there were 37 under the age of 30, the main period of mental development; 23 at the age of 50 and over, the main period of mental decadence; and 66, or fully one-half of the direct cases, between the ages of 30 and 60, the main period of mental maturity, and of wear and tear. The youngest patient was a boy of 14, and the eldest a spinster of 83. The mean age on admission was 41.24 years (men 37.81 years, women 44.67 years), which was lower than that of 1904 or 1903, and, as will be seen, was specially so in the case of the men.

As to *Conjugal State*, there were 61 single, 48 married and 17 widowed patients.

Nationality.

As to *Nationality*, there were 101 Scottish, 20 Irish, 3 English, 1 Russian, and 1 Italian.

Religion.

As to *Religion*, there were 101 Presbyterians, 16 Roman Catholics, 5 Episcopalians, 2 Evangelical Unionists, 1 Quaker, and 1 Jew.

Education.

As to *Education*, 15 were unable to read or write; 12 could read only; 88 were moderately educated, of a standard comparable to that of primary education; 8 were well educated, of a standard comparable to that of a secondary education; and 3 were more highly educated, having had a more or less specialized or technical training for professions.



## Occupation.

As to *Occupation*; following the Registrar-General's classification for Scotland at the 1901 census, 53 were engaged in domestic occupations (51 of these were women), 46 in industries, 10 in commerce, 6 in agriculture, and 3 in professions, and 8 had no definite occupation.

Hereditary  
Potentialities  
(Table IV.)

Coming to the more distinctly *Etiological Factors* of the insanity in the 126 direct admissions, and taking the *Hereditary Potentialities* of the patients first, I found that in the families of 60 out of the 65 male patients, and 60 out of the 61 female patients, in which a family history was ascertainable, the following so-called hereditary diseases were acknowledged to be present:—Insanity in 26·8 per cent. of cases, neurosis in 14·1 per cent., tuberculosis (consumption, etc.) in 14·1 per cent., paralysis (chiefly apoplexy) in 12·5 per cent., alcoholism in 9·1 per cent., heart disease in 6·6 per cent., cancer in 6·6 per cent., and chronic rheumatism in 5·8 per cent. In estimating the hereditary potentialities of the various families, I have in the Heredity Table divided the relatives into four degrees of affinity to the patient, namely:—1st degree, or parents; 2nd degree, or brothers and sisters; 3rd degree, or grand parents; and 4th degree or uncles and aunts, and I have omitted the 5th degree for cousins, remote and indefinite relatives, included in last year's Table, as apt to lead to fallacy from the introduction of outside strains. In actually gauging the prepotency of the various families for Hereditary Diseases, any such disease when found to be present in more than one relative of a given family, was recorded only once in the Table of Heredity, namely, in the column of highest degree for the nearest relative affected.

Causal and  
Concomitant  
Factors.  
(Tables V. & VI.)

*Congenital Mental Defects and Errors* were present in 11 persons, or 9 per cent., and in 7 cases were sufficient in grade to constitute the insanity.

Neuro-Insane  
Constitution.

The *Neuro-Insane Constitution* was perhaps the most important factor in the production of insanity amongst the patients, being present in 73 cases, or nearly 58 per cent. In 23 of these cases it was evidenced by the occurrence of previous attacks, or a previous attack of insanity, the first or only attack, as the case might be, having occurred before the age of 30 in 9 of them, between 30 and 60 in 13 patients, and after the age of 60 in 1 patient. The neuro-insane constitution was in itself a sufficient factor to account for the attack of insanity in 29 patients, but it was probably also largely, if not mainly, instrumental in the production of the many cases of insanity which are commonly attributed to such factors as worry, wear and tear, and the epochal and reproductive crises. As to the latter, *Emotional Strains and Crises* in the form of worry,

Emotional  
Factors.

anxiety, bereavement, overwork, etc., were present as factors in 37 cases, and the *Physiological Crises* were present as concomitant or causal factors in 63 cases, namely, puberty 1, adolescence 25, childbirth 4, lactation 3, climacteric 11, and senility 19.

*Neuroses.* *Epilepsy* occurred in 7 persons or  $5\frac{1}{2}$  per cent., being congenital in 2 cases, and acquired in the other 5, in which it was the main factor of the attack. Chorea or St. Vitus' Dance similarly acted as the chief factor in a male case, and Hysteria was exhibited by one female.

*Paralyses.* *Paralyses and other Gross Nervous Diseases* were exhibited by 13 patients, or 10 per cent., and were the proximate factor in 6 general paralytics and a patient with tumour of the brain.

*Other Bodily Diseases.* *Other Morbid Bodily Conditions* met with in the 126 patients admitted directly from the community, comprised, in order of frequency, anæmia in 30 per cent., general debility in 27 per cent., heart disease and arterial degeneration in 22 per cent., emaciation in nearly 10 per cent., tuberculosis (consumption, etc.), in nearly 9 per cent., gastro-intestinal disorders in 8 per cent., bronchitis and emphysema of lungs in 6 per cent., and other diseases such as rheumatism, Bright's disease, various febrile and skin affections, etc., in smaller percentages. The subjoined table shows, as is indicated above, that many of the patients were admitted in a very debilitated condition, which contributed in not a few cases to the onset of their attack of insanity.

*Bodily Health on admission.*

*State of Bodily Health on Admission.*

	Male.	Female.	Total.
1st Class, "Fair."—Bodily health not specially below par, and no local disease or injury of consequence, ... ..	14	13	27
2nd Class, "Poor."—Bodily health below par, or some local disease or injury of distinct significance, ... ..	30	33	63
3rd Class, "Weak."—Bodily health much below par, or some local disease or injury of serious significance, ... ..	21	15	36
Total, ... ..	65	61	126

*Bad Habits.*

*Alcoholism.*

*Unhealthy Modes of Life* in relation to food, drink, work, sleep, etc., also formed a prominent feature in the previous lives of many of the admissions, habits of *alcoholic excess* as usual taking the first place, and being exhibited



by 33 patients. Amongst these the alcoholism was symptomatic of other varieties of insanity in 14 cases, but, to judge from the history and clinical findings, it seemed to be the essential factor in the production of the attack in 19 cases (15 per cent.), namely, 14 men (21·5 per cent.), and 5 women (8·2 per cent.) These percentages show a slight increase over the figures for alcoholic insanity in 1904, and, as indicated in last year's Report, may be correlated with the signs of a returning revival of home trade during 1905, following the depression of the preceding year.

Alcoholics in Asylums.

In my experience, the subjects of alcoholic insanity who drift into asylums fall into three groups;—(1) The true *dipsomaniac*, in whom the real disease consists, not in the effects produced by constant excessive indulgence in alcohol, but in a periodic intense craving for the mental state induced by alcohol, morphia, or similar drugs which, acting on the higher areas of the brain, excite or calm the mental functions. The dipsomaniac seldom finds his way into asylums, may occasionally be induced to go into inebriate retreats, but usually is screened by his relatives or friends who know his weakness and, if wise, do all in their power to help him to fight against it. (2) The careless or ignorant *drinker* who constantly takes more than is good for him but manages to keep more or less “respectable” according to the standard of his friends, until some day a breakdown occurs and he “gets a fright.” This type forms a large proportion of the alcoholic insanity in asylums. They often recover, though not always, and in my experience they seldom return, one lesson, the “*dernier ressort*,” has been enough. (3) The alcoholic *deteriorate* or chronic inebriate, who as the result of prolonged habits of vicious indulgence—he may have begun as a dipsomaniac or as a careless drinker—has spent his money, mind, and morals in drink, and is left as a derelict for the asylum or (sic) the inebriate reformatory. Needless to say, at this stage he is usually beyond redemption, and seldom recovers. To all such who are at large in the community, the dipsomaniac, the drinker, and the deteriorate, the only safeguard is total abstinence. To all others let us preach the time-honoured golden rule—honoured nowadays by many “more in the breach than the observance”—of moderation in luxuries as in all things, and especially in times of prosperity.

Diagnosis.  
(Table VII.)

Coming next to the various *Kinds of Insanity* exhibited by the 126 direct admissions during 1905, I find that they may be conveniently grouped as follows:—(1) Congenital Insanity, 7 cases (2 idiots, 3 imbeciles and 2 defectives); (2) a large group of 73 cases, of what may be termed the



Constitutional Insanities, comprising Mania 33 cases, Melancholia 15 cases, Delusion and Hallucination 15 cases, Stupor 3 cases, Dementia 4 cases, and rarer varieties such as Paranoia, Sexual Perversion, and Impulsive Insanity, in all of which the Neuro-insane constitution was the significant factor of the attack, although other contributory or concomitant factors frequently existed at the time of onset of the illness, such as puberty and adolescence, the change of life, old age, childbirth (non-septic), lactation, worry, anxiety, overwork and the like; (3) Alcoholic Insanity 19 cases; (4) Insanity associated with the Neuroses, Epilepsy 5 cases and Chorea 1 case; (5) Insanity associated with the Paralyses, General Paralysis 6 cases and Paralysis from Brain Tumour 1 case; (6) lastly, a group of insanities mostly *Toxaemic* in nature, associated with diseases of other organs than the nervous system, for example, Febrile and Post-febrile Insanity, from influenza 2 cases, typhoid fever 1 case, and Malta fever 1 case; Septic Puerperal Insanity 2 cases; Insanity from Alimentary Toxaemia 3 cases, from advanced Phthisis Pulmonalis 2 cases, Bronchitis 1 case, and Valvular Heart Disease 2 cases.

Suicidal and  
Homicidal  
Tendencies.

*Suicidal and Homicidal Tendencies* had been exhibited before admission by many of these patients. Thus *Suicide* was meditated or threatened by at least 23 patients (9 men and 14 women), and had been attempted by other 16 patients (8 men and 8 women), the forms of attempt having been by cut-throat in 6, precipitation from a height or before a lorry in 6, drowning in 2, poisoning in 1, and strangulation in 1 case. *Homicide* had been threatened by 37 patients (21 men and 16 women), and actually attempted in the form of assaults with violence by other 14 patients (10 men and 4 women).

Many of the direct admissions exhibited a serious *state of mental reduction*, as may be gleaned from the sub-joined table:—

Mental  
Reduction on  
Admission.

<i>State of Mental Reduction on Admission—</i>			
	Male.	Female.	Total.
1st Class, "Mild or Simple," <i>e.g.</i> mild degrees of morbid depression, exaltation, excitement, delirium or confusion, ...	5	5	10
2nd Class, "Moderate," <i>e.g.</i> more marked degrees of the preceding, or the presence of hallucination, delusion, passivity, resistiveness, or stupor,	30	30	60

3rd Class, "Severe or Intense,"	Male.	Female.	Total.
<i>e.g.</i> still more marked degrees of the preceding, or the presence of morbid inhibition, obsession, morbid impulse, morbid moral sense, facility, dementia, imbecility or idiocy,	30	26	56
Total, ... ..	65	61	126

Bodily and  
Mental  
Reduction.

Comparing this table with the preceding one showing the state of the bodily health, and submitting the 126 persons directly admitted from the County in 1905 to the double criterion of their bodily and mental states on admission, I find that the patients group themselves thus:—

	Male.	Female.	Total.
1st Class, Bodily "Fair" <i>and</i> Mentally "Mild," ... ..	3	2	5
2nd Class, Bodily "Poor" <i>or</i> Mentally "Moderate," ... ..	27	26	53
3rd Class, Bodily "Weak" <i>or</i> Mentally "Severe," ... ..	35	33	68
Total, ... ..	65	61	126

This table enables one to realise more clearly the complete picture of the mental and bodily condition of the individuals themselves as admitted for care and treatment, and it is obvious that the large proportion of patients in the 2nd and 3rd classes meant much debility and mental illness amongst them, and on the part of the staff in the reception wards a great amount of nursing, supervision and responsibility of a wearing kind.

Duration of  
Insanity on  
Admission.  
(Table VIII.)

*The Duration of the Insanity on Admission* was recent or acute (under 6 months) in 88, or about two-thirds of the patients; sub-acute (between 6 months and 2 years) in 19 cases; and chronic or persistent (over 2 years) in 19 patients, including the congenital cases.

Prognosis.

*The Prospect as to Mental Recovery* in the 126 direct admissions was good in 47 cases (26 men and 21 women); doubtful in 43 (18 men and 25 women); and bad in 36 patients (21 men and 15 women).

#### B.—THE DISCHARGES.

There were in all 94 discharges (52 men and 42 women). Of these, one woman who had been discharged in the earlier part of the year took another attack, returned to the asylum, and finally recovered, and so was discharged twice during the year. There were thus 93 persons discharged (52 men and 41 women) during 1905, of whom 61 (33 men and 28 women) left the asylum recovered to return to their



friends in the community, and 52 were discharged unrecovered (28 improved and 4 unimproved), to go to the care of relatives or guardians, or to other asylums.

True Recovery  
Rate for the  
year very good:  
42.06 per cent.

Of the 61 recoveries, 8 (3 men and 5 women,) were originally indirect admissions from other Asylums, leaving 53 (30 men and 23 women,) recoveries of originally direct admissions, so that the true recovery rate, or proportion per cent of the 53 cases to the 126 direct admissions of the year, was 42.06 per cent, being 46.11 per cent for the men and 37.77 per cent for the women. Notwithstanding that it has been estimated in this unusually strict manner, the recovery rate is higher than usual and so is a specially satisfactory feature.

The kinds of  
Insanity and  
their duration,  
in the  
recoveries.  
(Table IX.)

Medical Table IX. shows the diagnosis of the insanity in the 61 recoveries correlated with the total duration of the attack. It will be noticed that the constitutional insanities accounted for 33 or fully one half of the cases (mania 14, melancholia 10, delusion 6, stupor 2, and impulsive insanity 1), and alcoholic insanity for 17 or more than a quarter of the cases; and also that one half (32) of the patients recovered within 6 months of the onset of the illness, while one third (19) took from 6 months to 2 years to get well, and one sixth (10) a still longer time.

Importance of  
early Asylum  
treatment.  
(Table X.)

Table X shows the duration of the illness before admission correlated with the length of residence in the Asylum, in the case of the recoveries, and indicates that five sixths of the cases (52 out of 61), had been less than six months ill at the time of their reception, and further that a larger proportion of the recent as compared with the sub-recent cases on admission made earlier recoveries in the Asylum, thus emphasizing the importance of early Asylum treatment in cases of serious mental disorder.

Age on  
Recovery.

*The Mean Age on Recovery* was 39.14 years, (men 39.21 years, and women 39.07 years). Apart from two boys of 16, two girls of 17, and a boy of 19, and two men of 61, and one of 64, all the recoveries were aged between 20 to 60 years inclusive.

#### C.—THE DEATHS.

Death Rate  
very high:  
13.62 per cent.

*The Number of Deaths* during the year was 68 (men 28, women 40), yielding a proportion per cent. on the average resident population of 13.62 (men 11.45 per cent, women 15.70 per cent.), which considerably exceeds the average for the Royal and District Asylums of Scotland during the previous five years, 1900-04, namely, 9.3 per cent. (men 9.5 per cent., women 9.0 per cent.), and represents a high rate of mortality especially, as may be seen, among the women. An explanation is necessary, and is all the more reliable, in



Post-mortem  
Examinations  
in 97 per cent.

as much as *post-mortem examinations* were made in 66 instances or 97 per cent., the consent of the relatives being refused in only 2 cases.

Causes of  
Death with ages  
(Table XI.)

Table XI. shows the principal *causes of deaths*, correlated with the *ages at death*, and it will be noticed that the most frequent causes of death were pulmonary tubercle in 12 cases (men 3, women 9), heart disease in various forms in 10 cases (men 6, women 4), general paralysis in 8 cases (men 7, women 1), and lobar pneumonia in 6 cases (men 3, women 3). The only item on this list which calls for comment is pulmonary tubercle, the death rate from which was 10·7 per cent. in the case of the men as compared with 11·6 per cent. for the Scottish Royal and District Asylums, but was 22·5 per cent. in the case of the women as against 14·6 per cent. for the same asylums during the years 1900-04. It is obvious, however, that this factor was not sufficient to account for the high mortality in the women, although tubercle was more frequent amongst them last year than it usually is at Ayr Asylum. If, however, we look at the ages of those who died during 1905 the clue to the high death rate will be found. Of the 68 who died 3 were under 30 years, 30 (15 men and 15 women) were between the ages of 30 and 59 inclusive, and 35 at the ages of 60 and upwards, and of the latter 12 were men and 23 were women. The *mean age at death* was 57·33 years (men 56·92 years, women 57·75 years) as compared with 56·5 years in 1904—in which year also many old women died—and 51·9 years in 1903. The high mortality of 1905 is thus undoubtedly explained by the large proportion of debilitated old women who died from various intercurrent maladies.

Many old  
women die.

Duration of the  
Insanity in the  
Deaths.  
(Table XII.)

Table XII. shows the duration of the mental disorder on admission correlated with the length of residence in the Asylum, and separately, the total duration of the insanity, in those who died during 1905, and indicates that on admission 31 patients had been less than 6 months ill, 14 between 6 months and 2 years ill, and 23 more than 2 years ill; that at the time of death 12 had been less than 6 months ill, 9 between 6 months and 2 years ill, and 47 out of the 68 more than 2 years ill; and that 22 lived for less than 6 months in the asylum, 6 between 6 months and 2 years, and 40 for 2 years and upwards.

General  
Health.

Apart from the fact of the high mortality rate, and the well recognised lowering of vitality which is common to the insane, and along with a frequent hereditary potentiality, renders them specially prone to tubercle, the *general health* of the Institution in 1905 was good. There were a few sporadic cases of influenza in the first half of the year, but no distinct outbreak. One laundrymaid contracted measles which, however, by prompt isolation, was prevented from

spreading further. Nurse Nellie McLean, who had been with us but a few months, unfortunately suffered from a sudden perforation of an ulcer of the stomach, and, though an immediate operation was performed, she passed away to the regret of all.

Casualties.

The *Casualties* of importance amongst the patients were only 2 in number, both being simple dislocations of the shoulder in women, one due to an accidental fall, and the other to an assault by a fellow patient.

#### D —RESIDENT POPULATION.

The average resident population during 1905 was 499, a fall of 18 as compared with the figures for 1904. As the number of admissions (151) for 1905 closely corresponded to the average (149) for the past fifteen years, and as the number of discharges (94) for 1905 but slightly exceeded the average (90) during the same period, the fall in the average number resident last year was mainly due to the increased mortality rate already referred to, and probably has only a temporary significance, for up to the end of 1904 the Asylum population had steadily increased by 200 during the previous fifteen years. The resident population was 318 in 1890 and 517 in 1904. The marked rise in the mortality and in the mean age at death during recent years indicates that this accumulation consists in large part of debilitated and ageing patients requiring hospital and infirmary accommodation; and the new hospital, which is rapidly approaching completion, will greatly relieve the strain which is felt at present in the wards occupied by these patients.

The Residents.  
(Tables XIII,  
XIV. and XV.)

Tables XIII., XIV. and XV., which show the kinds of insanity in the patients resident on the 31st December, 1905, the total duration of the attacks, and the prospects as to mental recovery or improvement, give an idea of the character of the Asylum population at the present time.

## II.—ADMINISTRATIVE HISTORY.

### A.—THE PATIENTS.

A quiet year.

During 1905 there has been no essential change made in the administrative arrangements relating to the classification, dietary, clothing, medical treatment, employment, religious ministrations, and amusements and recreations of the patients. It has on the whole been a quiet year, and by the free use of parole in suitable cases, average serenity, contentment, and even happiness, have been secured. Only two patients escaped and were absent over night, but were brought back in safety next day. The use either of seclusion or of mechanical restraint has been unnecessary.



Women  
Outworkers.

Industrial  
Tables.

As regards employment, about two thirds of the patients of both sexes were as a rule daily engaged in useful work throughout the year, both outdoors and indoors. During the summer there was inaugurated an outdoor party of female workers consisting of women who could not be got to work at any of their ordinary domestic occupations in the wards, sewing rooms, kitchen and laundry. On the whole the experiment has been a success, and weather permitting, the women outworkers with two nurses attend to the cleanliness and tidiness of the paths, swards and courts in the vicinity of the women's division. A reference to the Industrial Tables will give an idea of the nature and value of the work done in the tradesmens' workshops, garden, laundry, and sewing rooms, but no estimate is attempted of the large amount of work done annually in connection with culinary and household duties, the keeping of the grounds in proper order, and the farm work at the piggery.

As regards amusements and recreations, the outstanding events of the year were the opening of the "Glengall Theatre" in the recreation hall on the 20th of February, when the Treasurer and some friends kindly gave a theatrical performance to an appreciative audience; and the first visit to Glengall of a sister Asylum cricket team on the 18th of August, the Morningside XI journeying from Edinburgh to mark the occasion, and after an all day match, in which the scoring was good on both sides, our visitors won by the narrow margin of 39 runs.

#### B.—THE STAFF.

Changes

Dr J. Cecil Mottram resigned in March for a post as ship-surgeon on a Japan liner. Dr G. Rutherford Jeffrey was promoted to the Senior vacancy, and Dr D. Ashley Wilson was appointed to the Junior post.

Miss Gertrude Binning, Assistant Matron, resigned last summer owing to her marriage, and Miss E. G. B. Lockerbie, who had her training in the Western Infirmary, Glasgow, was appointed to the vacancy.

In connection with the new installation of electric light, an electrician (Mr James Todd Yule) and a night stoker were added to the staff, the latter to act as night watchman in charge of the fire-station.

The changes amongst the other officials were small, especially so amongst the men, and apart from two of the latter who were dismissed for intoxication, all resigned voluntarily and mostly left for such reasons as marriage, illness, or appointment to another situation.

Mental Nursing  
Certificate.

The training of the attendants and nurses for the Mental Nursing Certificate of the Medico-Psychological



Association of Great Britain and Ireland, has been specially taken in hand by Dr Jeffrey, to whom is due much of the credit of passing the eight candidates (2 attendants and 6 nurses) who gained the certificate at the examination last May. Sixteen attendants and nurses have now been trained and gained their certificates at Ayr Asylum during the past two years.

Research  
Laboratory.

In connection with the pathological department a research laboratory has been started, and work is being done by Drs Jeffrey and Wilson and myself, specially on a kind of insanity which seems to arise as a toxæmia or poisoning from the alimentary tract. It is characterised clinically by great mental confusion or stupor and motorial rigidity or resistiveness, and pathologically by catarrh and atrophy of the stomach and intestines and by morbid liver changes, and it is frequently an incurable and fatal disease.

### III.—THE ACCOMMODATION, ADDITIONS, AND IMPROVEMENTS.

The works in progress at the Asylum during 1905 have been as follows :—

New Hospital

(1) *New Hospital*.—The first stone of the new Hospital was laid on the 24th of February, and as the mason and joiner led the way at a good pace and were well followed up by the slater, plasterer, plumber, and other contractors, the building is now approaching completion; and the painters will be able to commence operations almost at once. As soon as the Hospital is ready for occupation—and it is hoped and expected that this will be at no distant date—there will be proper day and night accommodation in the Asylum for 650 patients; and with a present resident population of 500, of whom about a third are debilitated patients mostly requiring accommodation of Hospital and Infirmary type, and with the experience during the past 15 years of a rise in the resident numbers to the extent of 200, it will be seen that this latest addition to the accommodation of the Asylum will both serve the needs of the Institution in the direction in which it is urgently wanted, and will also meet the requirements of the County for the next ten years at least. The Hospital will be the reception-house for all new admissions from the County, it will also provide accommodation for all inmates on the sick list, also for all aged infirm and bedridden patients, and for phthisical and simple infectious cases, who will be isolated in special annexe wards for the purpose. The wards in the main Asylum buildings which are at present occupied by these patients will thus be set free for use as day rooms, and this will make it possible for the present deficiency in

the day accommodation of the main buildings to be rectified, and for the day and night accommodation to be properly adjusted and balanced. It may be added that in the future all new patients will be treated in the Hospital to begin with, and so far as possible, until they convalesce and become sufficiently trustworthy to go the two villas or half-way homes for convalescents; and consequently they will be treated amid surroundings which as far as possible will be devoid of an Asylum atmosphere, and to all intents and purposes much the same as those of an ordinary hospital and convalescent home. The main buildings will thus become the Asylum proper for the ablebodied untrustworthy patients of a more or less chronic type, and for those who are not suitable for treatment, or have not recovered, after a fair chance, in the Hospital or Villas.

Electric Light  
Installation.

2. *The Electric Light Installation*, the work for which was commenced in July, 1904, was tried for the first time in the recreation hall on the night, as was fitting, of the Burns' anniversary, but it was not brought into regular use until the 28th of June, 1905, on which day the former gas supply from the Ayr Gas Company Ltd. was brought to a close. The new light is very satisfactory, and the concomitant advantages of less stuffiness and heat in the wards, saving in papering and painting, less risk from fire, and absence of risk from gas poisoning, make it an especially desirable illuminant in an Asylum.

Railway Siding  
and Branch  
Line.

3. *The Railway Siding and Branch Line* to the Asylum, the work for which was commenced in April, 1904, was after various delays officially opened for traffic on the 1st of February, 1905, since which time it has been available for the supplies of dross and coal, as well as of the heavy materials for the building of the new Hospital. These supplies have been thereby considerably cheapened, and the increased rapidity of importation of the materials for the Hospital has been largely responsible for the progress made with that building. The wire fencing of the Railway where it traverses the Asylum garden has been wire netted for the extra safety of the patients.

Boiler House  
alterations.

4. *Workshops and Dross Lye at Boiler House*. Since the introduction of the Asylum railway and the electric light, the boiler house with electric station and fire station has been worked in  $8\frac{1}{2}$  hour shifts by the engineer, electrician, and night stoker, with the plumber as relief man, and the clerk of works as supervisor. Owing to the resulting inconvenience of having the engineer's and plumber's workshops at a distance from the boiler house as formerly, by a slight addition to existing structures, workshops have been provided at the boiler house for the



engineer, electrician, and plumber, and at the same time the dross lye at the boiler house has been covered in to protect the boilers, furnaces and dross from unnecessary exposure, and so to effect a saving in fuel, and with the further advantage of being able to keep the whole boiler house and its annexes under lock and key. A saving in fuel has also been effected by replacing the greenhouse boiler, which was old and wornout, with a Clutha calorifier heated by steam from the boiler house close by.

Fire  
arrangements.

5. A *Fire Alarm System* of electric push bells has been introduced throughout the Asylum for the greater safety of patients and buildings. It is operative from every important section, ward, or dormitory of the institution; and on pressing the button of the alarm, the hooter sounds by day, but not at night, the fire brigade being automatically rung up instead, and in either case alarm bells at the boiler house warn the official on duty there, and an indicator plate at the fire station falls showing the site of the fire.

Conversion  
of Long  
Dormitories  
into Cubicles  
for the  
Junior Staff.

6. *Conversion of Dormitories in the Administrative Centre into Cubicles for the Junior Staff.* The two long dormitories in the administrative centre (above the stores on the men's side, and above the servants' quarters on the women's side) have been converted into comfortable cubicles for the junior attendants and junior nurses, and each dormitory has a bath room and lavatory attached. The junior attendants form the supplementary fire brigade, and the regular fire brigade is composed of the permanent tradesmen, of whom the unmarried members sleep in quarters contiguous to the cubicles for the junior attendants, so that in the event of an alarm at night all can be rung up together.

Attendants'  
and Nurses'  
Homes.

By the structural alterations above referred to, which have been carried out by the asylum tradesmen, and by the consequent removal of all patients from quarters in the administrative centre of the main buildings to the men's and women's sides, and by the gathering in from the latter of the junior staff to quarters in the administrative centre, and by the provision in preceding years of mess-rooms and parlours in immediate proximity, the administrative centre of the main buildings now virtually contains an Attendants' Home and a Nurses' Home on either side of the central dining hall and kitchen; and by the above expedients greater comfort has been secured for the staff, and the considerable expense of building special Homes—which are now-a-days recognised as a necessary part of a properly equipped Asylum—has been thereby saved. For the



further comfort of the staff the kitchen range has been enlarged, and it is now possible to cook the food of the staff separately from that of the patients.

#### IV.—FARM, GARDEN AND GROUNDS.

The Weather of  
1905.

The weather at Glengall during the first seven months of 1905 was generally cold and dry and moderately sunny. From August onwards, with the exception of a fine fortnight in the latter half of September which was very suitable for the harvest, the weather was, as a rule, wet and unsettled. The chief operations on the Asylum estate during the year have been:—(1) the incorporation into the vegetable garden of an adjacent triangular piece of the meadow which had become cut off from the rest of the latter by the new railway, and which was required to make good the loss to the garden of the strip where the railway traverses it; (2) the transplantation of the laundry green to the north of the laundry, where it will be screened from the new Hospital by a belt of trees, the old site of the laundry green being also required as additional exercising ground to the front or south aspect of the Hospital; (3) the filling in with the excavations from the Hospital of the low lying ground in the kitchen garden and wood next to the Dalmellington road, and also of the steep falling ground around the cricket pitch; (4) the commencement of a walk for the patients round the Asylum fields, which will considerably increase the somewhat restricted facilities for exercise in the grounds.

Judicious thinning of the plantations, and transplantation of trees were carried on at appropriate times, and it remains to be said that the supply of vegetables and flowers from the garden during the year satisfactorily served the needs of the institution.

#### V.—FINANCE.

A reference to the Financial Tables which are for the year 16th May, 1904 to 15th May, 1905, will show the main items of expenditure.

Financial  
Table I.

Under Providing Account," the chief expenditures apart from those shown under the head of Loans, were for Asylum Buildings, Additions, &c., (Head II,) and included:—£5088 for the electric light installation (namely £4238 for the electric plant, and £850, charged under the head of mason, for the building of the new chimney and enlargement and alterations at the boiler house); £2730 for the railway siding and branch line, charged under the head of improvement of grounds; £2522 for the new administrative centre at the New Hospital, (mason £1700, carpenter £300, and architect's and measurer's fees £522); £320 balance of account for the enlargement of the septic tank, charged

under the head of improvement of grounds ; and £109 for fire-extinguishing apparatus, (hose, hose cart, fire buckets, &c.), charged under the head of plumber. The other items under Head II. refer to ordinary expenditures for repairs, and under the other Main Heads, the various chief items of expenditure are sufficiently indicated in the Table.

The Total Expenditure under Providing Account on the Asylum since its origin in 1869 up to the 15th May, 1905, including everything, namely lands, buildings, farm, furniture and furnishings, interest on loans, and miscellaneous expenses, was £142,432 0s 9d., which divided by 460, or the proper day and night accommodation of the Asylum at that date, gives £309 12s 8<sup>8</sup>/<sub>9</sub>d as the total cost per bed, which of course includes all expenditures for upkeep and repairs to the plant and fabric, during the 36 years of the Asylum's existence. If however the accommodation at the Asylum be now taken at 650 beds, as will be the case when the Hospital is opened, and if the total expenditures of £12,429 17s 10d under Providing Account since 15th May, 1905 to the 31st December, 1905, be added to the afore mentioned £142,433, the cost per bed up to date will be £238 5s 0d, which compares very favourably with the total cost per bed in other Asylums. To supplement this statement and indicate explicitly what the District Board possesses at the present time, for its total expenditure under Providing Account, in the form of lands, buildings, furnishings, &c. for the accommodation of the County patients, the properties may be summarised as follows:—

(1.) An estate of 120 acres, 70 of which are pasture and arable lands purchased outright, and 50 of which are a feu, comprising the sites of the buildings, recreation and ornamental grounds, gardens and woods. A branch railway runs from the boiler house through the grounds to join the main Glasgow and South-Western line, where there is an Asylum railway siding with signal box. The water supply is derived from the Ayr Corporation Waterworks, and the Asylum system comprises 6 in. and 4 in. mains with hydrants, storage tank of 120,000 gallons, tanks in the two towers, etc. The sewage is dealt with in a septic tank and filter beds on the Estate.

(2.) Buildings, comprising (a) Asylum buildings, (b) medical superintendent's house, lodges and cottages for the head gardener, head attendant, steward, joiner, and four married charge attendants, and (c) boiler house, electric light station, fire station, stables, piggery, and greenhouse. The Asylum buildings, with accommodation for 650 patients and the corresponding staff, include the central or main asylum buildings, new administrative offices, new hospital, isolation hospital, two convalescent villas, mortuary, work-



shops and laundry. The main asylum buildings comprise, at their centre, in addition to officer's quarters and offices, the large dining hall, kitchen and scullery, recreation hall and chapel, the stores, and separate homes for the attendants, the nurses, and the servants.

(3.) Furniture and furnishings for 500 patients and the corresponding staff who are housed in the various Asylum buildings. When the new hospital is completed and furnished the Asylum will meet the needs of the county rate-paid lunacy for the next ten years at least, and during this period there should be, unless unforeseen circumstances arise, only ordinary running expenses to meet wear and tear of plant and fabric. The pressure of the "Providing" expenditure is naturally heavy at present, with so many important works in progress, but it is satisfactory to be able to say that, so far, it has not been necessary to raise the lunacy assessment rate ( $\frac{1}{2}$ d per £) for the County and its three Burghs. And as the District Board is aware, with the exception of the counties of Banff and Elgin, whose small asylums accommodate less than 200 patients each, Ayrshire and its three Burghs during the past 25 years have had a smaller average lunacy assessment per patient than any other county in Scotland. May this good record continue.

Financial  
Table II.

Under Maintenance Account the chief items of expenditure are indicated in Financial Table II. The gradually diminishing balance against the Board under Maintenance Account since May, 1902, became at May, 1905, a balance in favour of the Board of over £400, which, by the middle of the current financial year, 15th November, 1905, had increased to over £1000. This satisfactory state of affairs is undeniably due mainly to the increase of the staff in the Stores department, by which better control of supplies has been secured, and if the satisfactory balance is maintained, there will be a prospect of reducing the present maintenance rate of £27 6s. per annum, or 10s. 6d. per week per patient.

Financial  
Table III

Under "Farm and Garden Account" it will be seen by reference to Financial Table III. that there was a profit during 1904-05 of £310 11s. 4d., derived mainly, as usual, from the piggery.

Commissioners  
Visits.

Finally, I have to report that during 1905 the Asylum was officially visited by the Commissioners, Dr Fraser and Dr Macpherson, whose Reports are appended.

Thanks.

And lastly, to all members of the staff, from highest to humblest, my acknowledgments are due for much loyal devotion to duty, and also in this particular year of 1905 my thanks—already expressed elsewhere—for considerable



personal kindness. And for the continued support of the District Board, I am also truly grateful.

I have the honour to be,

Mr Chairman and Gentlemen,

Your obedient Servant,

C. C. EASTERBROOK, M.D., F.R.C.P.,

*Medical Superintendent.*

Presented 23rd January, 1906.



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# REPORTS

BY

H.M. THE MEDICAL COMMISSIONERS IN LUNACY

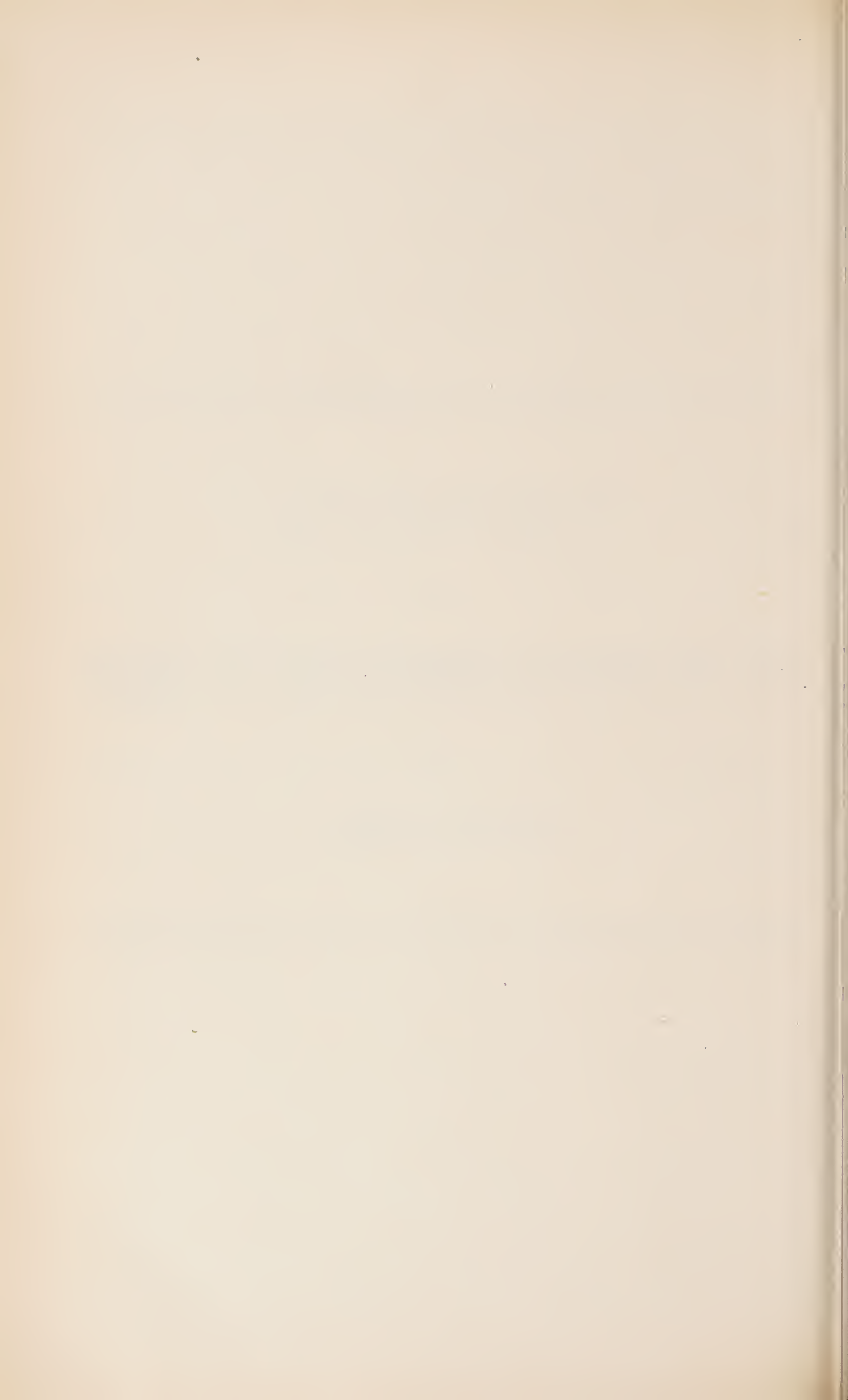
FOR

SCOTLAND.

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Ayr District Asylum,  
16th and 17th January, 1905.

On the 17th instant there were on the register of the Asylum 247 Men and 259 Women, or 506 Patients in all. All were individually seen in the course of the visit except 1 Woman who is absent on pass.

Since 12th July, 1904, one of the dates of the preceding report, the following changes in the population have taken place:—

				Pauper Patients.		
				M.	F.	Totals.
Admitted,	-	-		37	23	60
Discharged recovered,				21	21	42
Discharged unrecovered,				13	6	19
Died,	-	-	-	13	12	25

The result of these changes is a decrease of 10 Men and 16 Women in the number on the register. The main factors contributing to this decrease are the low admission rate and the high percentage of recoveries, the latter being 56 per cent. on the Male and 91 per cent. on the Female admissions—which is exceptional, the average for Scottish Asylums being 37.2 and 41 per cent. respectively. Of the 19 patients discharged unrecovered, 5 were sent to the care of relatives, 1 was boarded out, 12 were transferred to other establishments, and 1 was a criminal lunatic who was discharged from the register on the expiry of his sentence.

The deaths since last visit have all been due to natural and ordinary causes, and, in the very creditable proportion of 96 per cent., post mortem examinations were made. The pathological records are carefully and intelligently kept. Of the 25 deaths, 4 are registered as due to senile decay, 3 to consumption, 3 to pneumonia, 3 to exhaustion from acute mental affections, 4 to heart disease, 2 to organic brain lesions, 2 to general paralysis, and to kidney disease, hysteria gravis, cancer, and rupture of aorta, each in 1 case.

No patient has been mechanically restrained or secluded. The Register of Accidents contains 1 entry referring to an injury to an eye, the result of a blow from a fellow patient. All minor casualties and their causes are scrupulously recorded. Only 1 escape has occurred in which the patient was absent for a night before being brought back.

The following are the changes among the Nursing Staff:—6 Attendants and 12 Nurses have resigned, 1 Nurse has been dismissed, and 8 Attendants and 10 Nurses have been engaged. The present day Staff consists of 24 Attendants and 24 Nurses, which gives 1 to every 10 Male and 1 to every 10 $\frac{3}{4}$  Female patients. For night duty there are 6 Attendants

and 6 Nurses, and their distribution is such as to secure efficient care and supervision of the sick, recently admitted, suicidal, epileptic, and those of defective habits during the night. Lectures to the Staff are regularly given by Dr Easterbrook and Medical Assistants during the winter months, and as a result of this teaching and training 4 Attendants and 4 Nurses have passed the examination of the Medico-Psychological Association and gained the Certificate for proficiency in mental nursing. The District Board have granted an annual bonus of £1 to all who have acquired this Certificate. The Messrooms of the Attendants and Nurses have been enlarged, and are now well furnished and comfortable Messroom Parlours of a size suitable for their purpose. It is proposed in order to improve and concentrate the sleeping accommodation of the Staff, to divide two dormitories near the centre of the building into cubicles. In other Asylums this has proved an acceptable and successful provision, and it is therefore hoped this improvement will be effected as soon as it is practicable.

The patients in all sections of the Asylum bore evidence of being efficiently cared for, and their medical management and treatment, both of which are of a high order, attracted favourable notice during the visit. Ten Men and 24 Women were confined to bed, and the condition of each is thoroughly studied. It is recorded with satisfaction that the use of narcotic medicine is kept at a minimum; during last December an average of 3.8 sleeping draughts per night were administered, which on the average population of 508 gives a percentage of .75 persons to whom a hypnotic was deemed necessary. The behaviour of the patients was with very few exceptions free from irritability and excitement, and no complaint of a reasonable character was made. The appeals for discharge were few. The clothing was comfortable and in good repair, and the personal neatness of the patients merits commendation. The dinners were ample and palatable meals, which were served in a quiet and orderly manner. One hundred and fifty Men and one hundred and seventy-three Women are regularly engaged in useful work. Sixty-eight Men during winter and 88 in summer are employed on the grounds, garden, and woods. A new walk through the Wood at the back of the Male Villa has been made by the Patients and Staff, and is a decided improvement to that section of the grounds. The number who attend Divine Service is 97 Men and 85 Women, or 182 in all.

The Wards were throughout clean, bright, and in good order, and notwithstanding the severe weather prevailing, they were warm and comfortable. The bedding was ample and clean, and it was observed that progress is being made in substituting wire mattresses for straw palliasses. Ward



III. in the Male Division has been enlarged by incorporating the Corridor and two single rooms, the result being a marked improvement in its accommodation both as to brightness and facilities of administration. A similar reconstruction is in process in Ward III. on the female side. The fire escape staircases are completed, and an examination of them showed how efficient they were for the purpose they are intended to serve. A Fire Station in which the extinguishing apparatus is to be housed is in course of construction. Estimates are, it is understood, in hand for providing an efficient fire alarm and for a Signalling System throughout the whole Asylum.

It was observed with regret that the railway siding is yet far from being in working order. As the building of the new Hospital entirely depends on the completion of the siding, it is hoped the District Board will use every means to cause the Contractor to finish the work at the earliest possible date. The fence guarding this branch railway is not sufficient; it should be covered on its outer aspect with wire netting similar to that on the escape staircases, so as to render it unclimbable. Patients with suicidal tendencies are apt to run on to a line when they see a train approaching. Many such accidents occurred in an asylum where a line ran through its ground and was imperfectly fenced. Stringent precautions will have to be taken with the object of safeguarding the crossing of the line leading to the Male Villa.

The foundations of the new Hospital are being excavated, but as previously indicated, no further progress can be made until carriage of material is provided by the completion of the branch railway.

The work in connection with the electric lighting of the Asylum is well forward, the wiring of the house is completed, and the electric plant is in course of being erected. The boiler house has been extended, and a new high pressure boiler has been provided and fixed. A larger chimney has been built, the former one being inadequate for present requirements.

Great energy and earnestness continue to be shown in the administration of the Asylum, which is attended by excellent results.

The Casebooks contain full and able records of the condition, treatment, and progress of the patients. The official registers were examined and found regularly and accurately kept.

(Signed) JOHN FRASER,  
Commissioner in Lunacy.

Ayr District Asylum,  
6th and 7th July, 1905.

The Asylum was last visited on the 16th January of the present year. Since then the following changes in population have occurred:—

	Pauper Patients.		
	M.	F.	Totals.
On Register, 16th January, 1905,	247	259	506
Admitted, - - - - -	34	39	73
Discharged Recovered, - - - - -	15	12	27
Discharged Unrecovered, - - - - -	10	6	16
Died, - - - - -	9	24	33
On Register at this date, - - - - -	247	256	503

All the patients were resident and were seen in the course of the visit, except one woman who is absent on statutory probation.

The population of the Asylum shows a slight decrease since the date of the previous visit, and a fall in the numbers resident of nearly 30 patients since the corresponding period last year. This decrease is due to a falling off in the number of admissions, which, for the year 1904, was only 140, against an average of 150 for the previous ten years; while the discharges, recovered and unrecovered, and the number of deaths, during the year 1904, is equal to the average of the removals from all causes for the previous ten years.

The deaths are registered as due to the following diseases, viz.:—To pulmonary tuberculosis in 9 cases, to heart disease (including fatal syncope in two cases, one of them as a result of hæmorrhage caused by a self-inflicted wound of the throat sustained previous to admission) in 5 cases, to senile decay in 5 cases, to general paralysis in 3 cases, to cancer in 2 cases, to pneumonia in 2 cases, to epilepsy in 2 cases, to exhaustion from acute mental disease in 2 cases, and to intestinal catarrh, bronchitis, and cerebral hæmorrhage in 1 case each. Post mortem examinations were made in every instance except one. Such a devotion to the interests of science is unfortunately exceptional, but when it is met with deserves the highest commendation.

There is one entry in the Register of Accidents referring to a dislocation of the shoulder in a female patient, caused by an assault committed upon her by another patient,

There are no entries in the Register of Restraint and Seclusion.

The changes in the Nursing Staff, in the period covered by this Report, have been as follows 7 men and 8 women resigned, and 5 men and 6 women were engaged.

Three hundred and forty-two patients, or 68 per cent. of the number resident, were industrially employed, and it was observed with approbation that 79 men were working



in the garden and grounds. Considering the comparatively small amount of arable land in possession of the institution this is a satisfactory proportion of outdoor workers.

The area of the garden was seriously diminished by the new railway line which runs through it, but a portion of the meadow in front of the men's villa has been put into cultivation, which is equal in extent to the portion absorbed by the railway. There is still abundance of land which might be advantageously cultivated, and it is hoped that as the requirements for the healthy outdoor employment of patients demands it the land will be gradually utilised.

The medical care of the patients, so far as could be judged from their treatment in bed and the full records of the progress of the cases, was eminently satisfactory. It is true that the present accommodation makes it difficult to treat, by rest in bed, many patients who might benefit by this treatment, but it was pleasing to observe the hospital methods which were employed to meet the requirements of recent and acute patients. In this connection it is satisfactory to report that the new Hospital is making rapid progress. The first stone was laid on the 24th February last, and it is expected that the mason and brick work will be finished in about a month from this date. It is understood that the work of construction has been greatly facilitated and cheapened by means of the new Branch Railway Line, which was opened on the 1st of February of the present year. The wire netting recommended in the preceding entry for the better protection of the fence along the railway line is to be immediately erected.

The general condition of the patients was entirely satisfactory. They were suitably and neatly dressed, and their dietary is both regular and adequate. The dinner of soup, fresh fish, and potatoes provided on the second day of the visit was a substantial meal, well cooked and well served. There was a pleasing absence of noisy excitement among the patients, and except in one Ward the large men's day room in the main building there was no evidence of any dissatisfaction. One or two individuals in this Ward have for many years endeavoured to foment a spirit of discontentment.

The Asylum was in excellent order, and as clean as possible notwithstanding the disorder caused by the recent operations connected with the wiring of the various apartments for the introduction of the Electric Light. The new lighting installation has been in regular use since the 28th June last. Besides the introduction of electric light, several other changes of a structural nature have been carried out within the main buildings. Chief among these is the conversion of the two large Dormitories in the Administrative centre (above the Stores on the men's side and above the Servants' quarters on the female side) into large and airy



cubicles for the junior Attendants and Nurses. Each of these Dormitories is provided with a lavatory and bathroom. The junior Attendants occupying this Dormitory from the supplementary Fire Brigade, and near them sleep the unmarried members of the regular Fire Brigade, composed of artisans and tradesmen on the staff of the Asylum. This structural change has had the effect of removing all patients from the administrative block, and of converting the latter into quarters for Officials and "Homes" for Attendants and Nurses.

On one of the days of the visit the regular drill of the Fire Brigade was seen, being conducted under the charge of the Clerk of Works. The various complicated operations such as coupling, replacing portions of hose, and adding to the length of hose were performed with rapidity and precision, but the manner in which the ladder and roof drill was accomplished was surprising and worthy of all praise.

The pressure of water was ample, and carried the stream over the highest point of the buildings with ease.

Amidst the numerous and important alterations in the structure and administration of the Asylum, which necessarily occupy much thought and time, it is satisfactory to observe that the more proper medical work of the institution is conducted by Dr Easterbrook and his assistants with unremitting zeal. In connection with the pathological department, the nucleus of a research laboratory has been formed, and a considerable amount of useful work has already been accomplished in it. The instruction of the Attendants in their special duties is systematically carried on by means of lectures and demonstrations; at the last examination, in May of this year, two Attendants and six Nurses were successful in obtaining the Certificate of the Medico Psychological Association for proficiency in the nursing of the insane.

It is understood that the married couple in charge of the men's villa find their quarters somewhat unhomelike, owing to the fact that there is no privacy and no provision by which they can obtain even temporary separation from their charges and their duties. The present attendant and his wife are properly trained, trustworthy officials, who have added to the efficiency of the building and to the comfort of the patients committed to their care. Should they for any reason leave the service their successors would probably complain of the same difficulties. If an addition, at a reasonable cost, to the villa would remove the inconvenience referred to, it may be pointed out that it would at the same time slightly increase the accommodation of the building.

The Books and Registers were examined and found correct.

(Sgd.) JOHN MACPHERSON,  
Commissioner in Lunacy.

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MEDICAL  
STATISTICAL TABLES

(DR. EASTERBROOK).

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TABLE I., GENERAL.—Statistical Analysis of the Movements of Population and Results of Treatment in the Asylum during the year 1905.

	MALE	FEMALE.	TOTAL.
On 1st January, 1905, Persons on Asylum Register, ... ..	249	259	508
<i>Total Admissions</i> during year, ... ..	78	73	151
<i>Minus</i> Re-Admissions of same persons during current year, ...	0	0	0
Leaving <i>Persons Admitted</i> during year, of whom there were:—	78	73	151
1. Transferences from other establishments for the insane beyond Scotland, ... ..	0	0	0
2. Transfers from other establishments for the insane in Scotland, ... ..	8	4	12
viz :—from Asylums (M. 7, F. 3) ; Lunatic Wards of Poorhouses (M. 1, F. 1).			
3. Home Cares, previously certified and unrecovered patients coming from the community, ... ..	5	8	13
<i>Total Indirect Admissions</i> , ... ..	13	12	25
4. <i>Direct Admissions</i> , previously sane persons seized with fresh attack of insanity, viz. :—	65	61	126
(1) Persons in whom unknown whether first attack, ...	0	0	0
(2) Persons who had had one or more prior attacks, ...	10	13	23
(3) Persons with first attack, ... ..	55	48	103
Total Cases under Treatment during year, ... ..	327	332	659
Total Persons under Treatment during year, ... ..	327	332	659
<i>Total Discharges</i> during year, .. ...	52	42	94
<i>Minus</i> Pre-Discharges of same persons during current year. ...	0	1	1
viz.:—one woman who recovered, returned to Asylum ill again, and recovered again.			
Leaving <i>Persons Discharged</i> during year, of whom there were:—	52	41	93
1. Transferences to other establishments for the insane beyond Scotland, viz., to Asylum in Ireland, M. 1, ...	1	0	1
2. Transfers to other establishments for the insane in Scotland viz., to Asylums (M. 7, F. 1) ; Lunatic Wards of Poorhouses (M. 4, F. 3).	11	4	15
3. Home Cares, or insane unrecovered patients returning to the community, .. ...	7	9	16
<i>Total Indirect, or Unrecovered, Discharges</i> , viz.:—	19	13	32
Unimproved, ... ..	2	2	4
Improved, ... ..	17	11	28
4. <i>Direct Discharges, or Persons Recovered</i> , viz.:—	33	28	61
(1) Recoveries of originally Indirect Admissions, ...	3	5	8
(2) Recoveries of originally Direct Admissions, ... ..	30	23	53
Deaths during year, ... ..	28	40	68
Total Cases discharged and died during year, ... ..	80	82	162
Persons discharged and died during year, ... ..	80	81	161
On 31st December, 1905, Persons on Asylum Register, ... ..	247	250	497
Average Daily Number on Register during year, ... ..	244·5	254·7	499·2
<i>Recovery Rate</i> during year :—			
Percentage of Total Recoveries based on Total Admissions,	42·30	39·72	41·08
Percentage of Recoveries of Direct Admissions based on Direct Admissions, ... ..	46·11	37·77	42·06
<i>Death Rate</i> during year :—			
Percentage of Deaths based on number of Persons under Treatment, ... ..	8·56	12·04	10·32
Percentage of Deaths based on Average Daily Number on Register, ... ..	11·45	15·70	13·62



TABLE II.—GENERAL - General survey of the Movements of Population and Results of Treatment in the Asylum for each year since its opening on the 28th July, 1869.

YEARS.	Numbers on Asylum Register at beginning of each Year. (Persons).			Total Admissions.  (Cases.)			TOTAL DISCHARGES. (Cases.)									Deaths.  (Persons.)			Total Numbers under Treatment.  (Cases).			Average Daily Number on Asylum Register.			Recovery Rate (Percentage on Total Admissions).			Death Rate (Percentage on Average Daily Number on Asylum Register).			Numbers of each Year's Admissions remaining on Asylum Register on 31st Dec., 1905. (Persons.)			YEARS.
							Recovered.			Improved.			Unimproved.																					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1869-70*	0	0	0	81	106	187	3	4	7	2	1	3	1	1	2	6	2	8	81	106	187	54.21	70.68	124.84	3.70	3.77	3.74	11.06	2.83	6.40	1	1	2	1869-70
1870-71	69	98	167	38	43	81	20	27	47	6	1	7	7	4	11	4	2	6	107	141	248	75.53	104.24	179.81	52.63	62.79	58.02	5.29	1.91	3.33	1	0	1	1870-71
1871-72	70	107	177	44	33	77	17	17	34	3	3	6	6	4	10	3	13	16	114	140	254	74.73	101.17	175.91	38.63	51.51	44.15	4.01	12.85	9.09	0	2	2	1871-72
1872-73	85	103	188	36	52	88	20	24	44	7	10	17	3	6	9	6	7	13	121	155	276	78.25	103.07	181.32	55.55	46.15	50.00	7.66	6.79	7.16	1	0	1	1872-73
1873-74	85	108	193	58	69	127	28	25	53	10	11	21	4	4	8	7	13	20	143	177	320	86.73	117.86	204.59	48.27	36.23	41.73	8.07	11.03	9.77	1	0	1	1873-74
1874-75	94	124	218	54	63	117	29	21	50	5	6	11	5	1	6	12	18	30	148	187	335	98.08	128.84	226.90	53.70	33.33	42.73	12.23	13.97	13.22	1	2	3	1874-75
1875-76	97	141	238	54	51	105	29	35	64	3	8	11	4	2	6	12	9	21	152	192	344	96.38	135.76	234.15	53.70	68.62	60.95	12.45	6.62	8.53	1	0	1	1875-76
1876-77	103	138	241	49	49	98	21	17	38	6	7	13	6	5	11	7	10	17	152	187	339	104.76	137.13	241.89	42.85	34.69	38.77	6.67	7.29	7.02	1	0	1	1876-77
1877-78	112	148	260	49	54	103	13	30	43	11	4	15	12	5	17	13	12	25	161	202	363	104.32	138.51	242.83	26.53	55.55	41.74	12.46	8.66	10.29	2	3	5	1877-78
1878-79	112	151	263	54	57	111	22	37	59	2	6	8	6	13	19	15	7	22	166	208	374	116.22	147.11	263.66	40.74	64.91	53.15	12.90	4.75	8.34	1	4	5	1878-79
1879-80	121	145	266	58	58	116	27	29	56	10	8	18	6	6	12	10	16	26	179	203	382	122.38	147.80	270.28	46.55	50.00	48.27	8.17	10.82	9.61	1	2	3	1879-80
1880-81	126	144	270	51	61	112	29	37	66	3	5	8	14	7	21	15	13	28	177	205	382	124.48	142.66	266.41	56.86	60.65	58.92	12.05	9.81	10.51	0	1	1	1880-81
1881-82	116	143	259	46	57	103	28	35	63	6	2	8	2	4	6	11	11	22	162	200	362	115.03	141.80	256.84	60.86	61.40	61.16	9.56	7.82	8.60	1	4	5	1881-82
1882-83	115	148	263	57	56	113	33	28	61	3	2	5	6	6	12	12	9	21	172	204	376	120.86	150.62	271.48	57.89	50.00	53.98	9.92	5.97	7.73	2	7	9	1882-83
1883-84	118	159	277	57	55	112	23	22	45	6	5	11	10	5	15	8	13	21	175	214	389	124.35	161.76	286.11	40.35	40.00	40.17	6.43	8.03	7.33	2	2	4	1883-84
1884-85	128	169	297	61	56	117	39	29	68	3	4	7	7	7	14	15	16	31	189	225	414	127.76	171.73	300.04	63.93	51.78	58.11	11.74	9.22	10.33	0	3	3	1884-85
1885-86	125	169	294	78	45	123	39	27	66	7	9	16	4	4	8	12	11	23	204	214	417	132.28	165.00	297.28	50.00	60.00	53.65	9.07	6.66	7.73	3	3	6	1885-86
1886-87	141	163	304	61	63	124	31	30	61	29	24	53	1	0	1	10	12	22	202	226	428	125.95	159.21	285.17	50.81	47.62	49.19	7.93	7.53	7.71	7	3	10	1886-87
1887-88	131	160	291	44	68	112	25	38	63	8	12	20	1	1	2	9	22	31	175	228	403	131.60	158.00	290.41	56.81	55.88	56.25	6.83	13.92	10.67	2	7	9	1887-88
1888-89	132	155	287	64	58	122	33	22	55	8	5	13	2	1	3	7	17	24	196	213	409	136.79	159.56	296.36	51.56	37.93	45.09	5.11	10.65	8.09	7	6	13	1888-89
1889-90	146	168	314	58	66	124	31	33	64	10	8	18	4	1	5	15	11	26	204	234	438	141.33	177.12	318.45	53.44	50.00	51.61	10.64	6.25	8.17	3	6	9	1889-90
1890-91	144	181	325	66	61	127	20	22	42	10	3	13	3	3	6	13	19	32	210	242	452	148.17	189.54	337.71	30.30	36.06	33.07	8.77	10.02	9.47	4	4	8	1890-91
1891-92	164	195	359	67	53	120	27	27	54	6	9	15	11	4	15	18	17	35	231	248	479	156.82	195.66	352.49	40.29	50.94	45.00	11.55	8.68	9.92	6	4	10	1891-92
1892-93	169	191	360	69	75	144	39	27	66	8	5	13	6	4	10	27	19	46	238	266	504	158.40	199.34	357.75	56.52	36.00	45.83	17.01	9.53	12.85	7	5	12	1892-93
1893-94	158	211	369	79	66	145	30	25	55	7	8	15	5	1	6	15	17	32	237	277	514	173.77	219.70	393.47	37.97	37.87	37.93	8.63	7.73	8.13	6	11	17	1893-94
1894-95	180	226	406	99	72	171	35	21	56	9	11	20	10	6	16	25	23	48	279	298	577	190.82	229.70	420.53	35.35	29.16	32.74	13.10	10.01	11.41	8	6	14	1894-95
1895-96	199	237	436	83	73	156	24	27	51	19	6	25	14	12	26	10	27	37	282	310	592	195.10	232.89	428.00	28.91	36.98	32.69	5.12	11.59	8.64	7	11	18	1895-96
1896-97	215	238	453	60	80	140	36	30	66	7	18	25	7	5	12	23	21	44	275	318	593	204.04	236.79	440.83	60.00	37.50	47.14	11.27	8.86	9.98	6	10	16	1896-97
1897-98	202	244	446	101	80	181	35	33	68	5	5	10	17	9	26	27	24	51	303	324	627	203.28	244.10	447.39	34.45	41.25	37.56	13.28	9.83	11.40	10	12	22	1897-98
1898-99	219	253	472	100	64	164	45	21	66	7	6	13	10	6	16	20	24	44	319	317	636	225.85	253.53	479.38	45.00	32.81	40.24	8.85	9.46	9.17	11	14	25	1898-99
1899-00	237	260	497	86	78	164	36	21	57	8	6	14	14	12	26	31	26	57	323	338	661	233.23	264.41	497.65	41.86	26.92	34.75	13.28	9.82	11.45	14	16	30	1899-00
1900-01	233	273	506	76	58	134	40	32	72	11	6	17	11	5	16	26	27	53	309	331	640	223.23	262.65</											

\* 1869-1870—Period of 8 months (28th July, 1869, to 31st March, 1870). † 1902-1903—Period of 21 months (1st April, 1902 to 31st December, 1903). Other years—Periods of 12 months (1st April to 31st March, from 1870 to 1902; 1st January to 31st December, from 1904 onwards.)

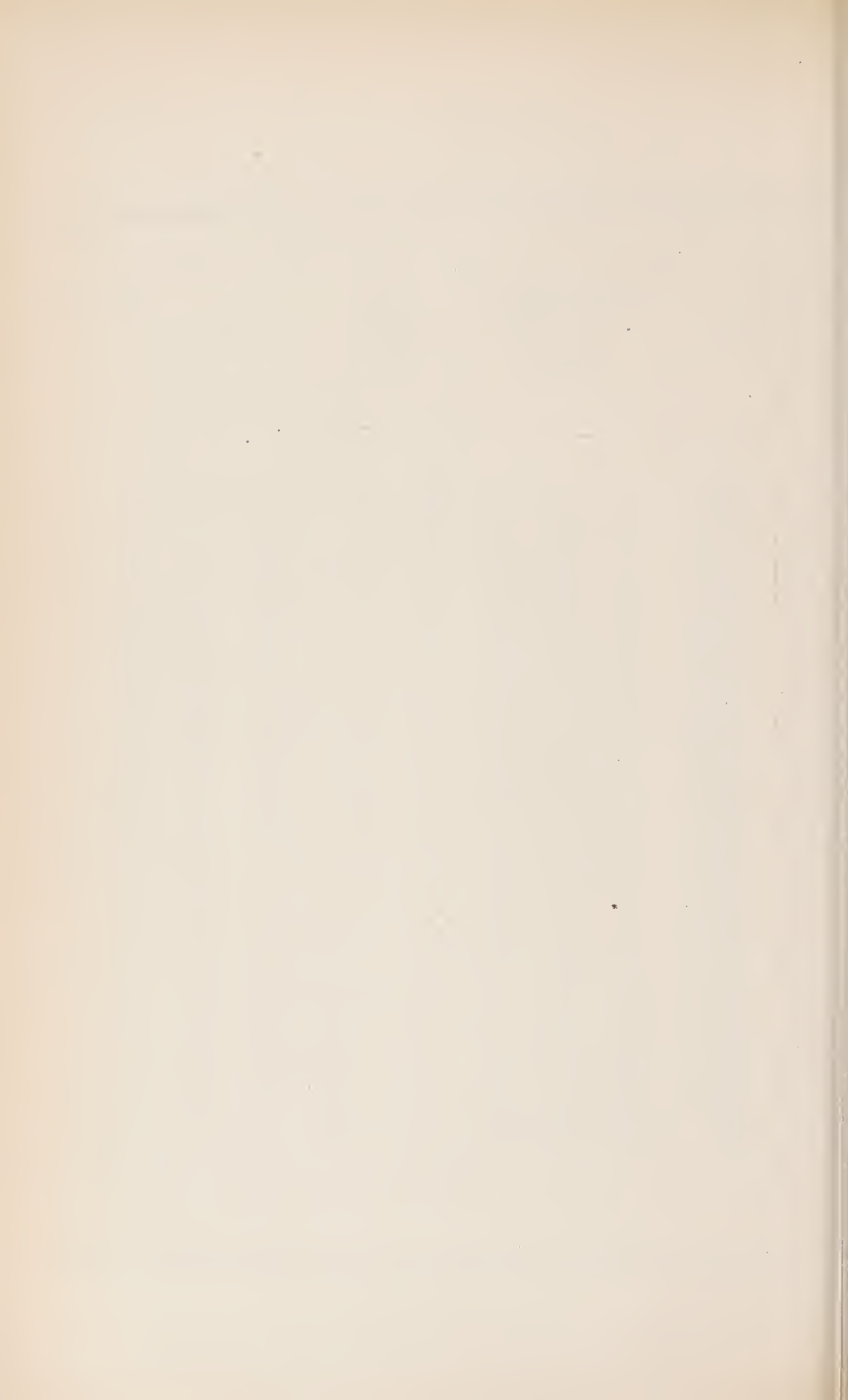




TABLE III.—ADMISSIONS (DIRECT).—Age and Conjugal State, shewn in correlation, of the Direct Admissions of 1905.

AGES.	Single.			Married.			Widowed.			Unknown.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PERIOD I. (Mental Development)— Under 10 years, ... 10 to 19    "    ... 20 to 29    "    ... Total,    ...    ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	8	3	11	...	...	...	...	...	...	...	...	...	...	...	...
	12	8	20	1	5	6	...	...	...	...	...	...	...	...	...
	20	11	31	1	5	6	...	...	...	...	...	...	21	16	37
PERIOD II. (Mental Maturity)— 30 to 39 years, ... 40 to 49    "    ... 50 to 59    "    ... Total,    ...    ...	12	4	16	5	7	12	1	...	1	...	...	...	...	...	...
	4	2	6	9	5	14	...	1	1	...	...	...	18	11	29
	1	3	4	3	5	8	2	2	4	...	...	...	13	8	21
	17	9	26	17	17	34	3	3	6	...	...	...	37	29	66
PERIOD III. (Mental Decadence)— 60 to 69 years, ... 70 to 79    "    ... 80 years and over, ... Total,    ...    ...	1	...	1	3	4	7	1	5	6	...	...	...	5	9	14
	...	2	2	1	...	1	1	4	5	...	...	...	2	6	8
	...	1	1	...	..	...	...	...	..	...	...	...	...	1	1
	1	3	4	4	4	8	2	9	11	...	...	...	7	16	23
Age, unknown,    ... Grand Total,    ...    ...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
	38	23	61	22	26	48	5	12	17	...	...	...	65	61	126

N.B.—The Mean Age on Admission was 41.24 years—Men, 37.81 years; Women, 44.67 years.











TABLE VI., ADMISSIONS (DIRECT).—Etiology.—Showing the Casual and Associated Factors of the Insanity in the Direct Admissions of 1905, as ascertained from the Personal History and Condition on Examination, and distinguishing between the Total Incidence of these Factors and the Instances in which they were regarded as the Chief or an Important Factor of the Attack.

ETIOLOGICAL FACTORS, AS ASCERTAINED FROM THE PERSONAL HISTORY AND STATE ON EXAMINATION.		Total Incidence of Factors.			Instances in which regarded as the Chief or an Important Factor of the Insanity.		
		M.	F.	T.	M.	F.	T.
i.	<i>Psychoses</i> —						
i. a	Congenital Mental Defects and Errors (including Deaf Mutism),						
i. b	Neuro-Insane Constitution, as evidenced by Previous Attack (see Table V.),	8	3	11	6	1	7
i. c	Neuro-Insane Constitution, without definite Previous Attack,...	10	13	23	4	8	12
ii.	<i>Neuroses</i> —	23	26	49	9	8	17
ii. a	Epilepsy (Congenital, M. 2, F. 0, T. 2; Acquired, M. 3, F. 2, T. 5),...	5	2	7	3	2	5
ii. b	Hysteria, ...	0	1	1	0	0	0
ii. c	Chorea, ...	1	0	1	1	0	1
iii.	<i>Paralyses</i> —						
iii. a	Cerebral Apoplexy, Thrombosis, and Embolism, ...	0	1	1	0	0	0
iii. b	General Paralysis (N.B.—History of Syphilis in 4 male paralytics),	6	0	6	6	0	6
iii. c	Locomotor Ataxy (M. 1), and other Gross Nervous lesions (M. 2, F. 3),	3	3	6	...	1	1
iv.	<i>Metabolic Diseases</i> —						
iv. a	Chronic Rheumatism, ...	2	2	4	...	...	...
iv. b	Chronic Gout, Diabetes, Obesity, etc., ...	0	0	0	...	...	...
v.	<i>Malignant New Growths</i> (Carcinoma and Sarcoma)—	0	0	0	...	...	...
vi.	<i>Chronic Infections</i> —						
vi. a	Tuberculosis (including Phthisis, Strumous glands, etc.),	8	3	11	1	0	1
vi. b	Syphilis (Congenital, 0; Acquired M. 4), ...	4	0	4	0	0	0
vi. c	Malaria (M. 1) and other chronic infections, ...	1	0	1	...	...	...
vii.	<i>Acute Infections, Fevers, etc.</i> —						
vii. a	Influenza (M. 1, F. 1), Acute Rheumatism (M. 1),	3	2	5	2	2	4
vii. b	Sepsis (F. 1), Malta Fever (M. 1), Typhoid Fever (F. 1), etc., }						
viii.	<i>Traumata</i> —						
viii. a	Mechanical, e.g., injuries to head, etc. (M. 1); operations, etc.,	1	0	1	0	0	0
viii. b	Physical (Heat, Electricity, etc.), e.g., sunstroke and electric shock (M. 1),...	1	0	1	...	...	...
ix.	<i>Other Bodily Diseases and Morbid Phenomena</i> —						
ix. a	Congenital Bodily Defects, e.g., Talipes, Strabismus, Naevus, etc.,	3	3	6	...	...	...
ix. b	Skin, viz., boils and abscesses, Eczema, Psoriasis, etc., ...	3	1	4	...	...	...
ix. c	Subcutaneous Fat, viz., Emaciation, ...	6	6	12	...	...	...
ix. d	Bones, Joints, and Muscles, e.g. Curvature of Spine, etc., ...	1	0	1	...	...	...
ix. e	Blood Glands and Blood, viz., Anæmia, etc., ...	13	25	38	...	...	...
ix. f	Circulatory Organs, viz., Heart Disease, Arterial Degeneration, Varix, etc.,	7	21	28	2	...	...
ix. g	Respiratory Organs, viz., Bronchitis, Emphysema, Asthma, etc.,	2	6	8	...	1	1
ix. h	Alimentary Organs, viz., Gastric and Intestinal Catarrh (M. 3, F. 3), Hernia (M. 2, F. 2),	5	5	10	1	2	3
ix. i	Urinary Organs, viz., Bright's Disease, ...	3	1	4	...	...	...
ix. j	Generative Organs, viz., ...	0	2	2	...	...	...
ix. k	General Debility, ...	20	14	34	...	...	...
x.	<i>Epochal and Reproductive Crises</i> —						
x. a	Puberty and Adolescence, viz., Puberty (M. 1, F. 0), Adolescence (M. 13, F. 12),	14	12	26	8	8	16
x. b	Pregnancy, ...		0	0	...	0	0
x. c	Childbirth and Puerperium, ...		4	4	...	4	4
x. d	Lactation, ...		3	3	...	1	1
x. e	Climacteric, ...	6	5	11	3	4	7
x. f	Senility, ...	3	16	19	3	13	16
xi.	<i>Unhealthy Modes of Life (Bad Habits)</i> —						
xi. a	Want of Food and Drink, Privation and Poverty, ...	3	1	4	...	...	...
xi. b	Over-eating, Luxurious Living, want of exercise, ...	0	0	0	...	...	...
xi. c	Poisoning by Lead, etc., in food or drink, or at occupations, ...	0	0	0	...	...	...
xi. d	Drug-habits, e.g., Opium, Tobacco, ...	0	0	0	...	...	...
xi. e	Alcoholic Excess, ...	24	9	33	14	5	19
xi. f	Sexual Excess and Perversion, ...	4	1	5	...	1	1
xi. g	Immorality, Vice, Crime, Uncleanliness, Idleness, Vagrancy, Degeneracy, etc.,	5	2	7	...	0	...
xi. h	Overwork, and want of rest, sleep, recreation, sunlight and fresh air, ...	5	4	9	1	...	1
xii.	<i>Mental Factors (Emotional Strains and Crises)</i> —						
xii. a	Solitude—prolonged or sudden confinement, ...	2	1	3	...	...	...
xii. b	Loss of Friends—prolonged or sudden bereavement, ...	1	1	2	...	...	...
xii. c	Financial Worry and Anxiety or Disaster, ...	2	0	2	...	...	...
xii. d	Business Worry and Anxiety or Disaster, ...	6	0	6	...	...	...
xii. e	Religious Affairs, e.g., problems and revivals, ...	0	1	1	...	...	...
xii. f	Love and Matrimonial Affairs, e.g., engagements and disappointments, ...	1	1	2	...	...	...
xii. g	Marriage Affairs, e.g., connubial shock, martial incompatibility or infidelity, ...	1	1	2	...	...	...
xii. h	Family and Domestic Worry and Anxiety or Affliction, ...	5	9	14	...	...	...
xii. i	Social Worry and Anxiety, or Degradation, ...	0	1	1	...	...	...
xii. j	Political and National Movements and Crises, ...	0	0	0	...	...	...
xii. k	Sudden Severe Nervous Shock or intense mental emotion, e.g., fright, grief, ...	2	2	4	...	...	...
Personal Factors unascertainable or insufficient for Diagnosis, ...		0	0	0	...	...	...
Total Persons Admitted, ...		65	61	126			

N.B.—For “Hereditary Potentialities” see Table IV.





TABLE VII., ADMISSIONS (DIRECT).—Diagnosis of the Kinds of  
Insanity in the Direct Admissions of 1905.

						M.	F.	T.	M.	F.	T.	
Congenital, Infantile, and Puerile Insanity,						Idiots (M. 1, Epileptic)	2	0	2			
						Imbeciles (M. 1, Do.)	2	1	3			
						Defectives, ... ..	2	0	2			
Total,						...	...	...	6	1	7	
Dementia, ... ..						Adolescent, ... ..	1	0	1			
						Climacteric, .. ..	1	0	1			
						Senile, ... ..	1	1	2			
Total,						...	...	...	3	1	4	
Melancholia, ... ..						Adolescent, ... ..	1	1	2			
						Climacteric, ... ..	1	0	1			
						Senile, ... ..	0	2	2			
						Idiopathic, ... ..	4	5	9			
						Recurrent, ... ..	0	1	1			
Total,						...	...	...	6	9	15	
Mania, ... ..						Adolescent, ... ..	2	6	8			
						Climacteric, ... ..	2	0	2			
						Senile, ... ..	1	7	8			
						Idiopathic, ... ..	4	1	5			
						Recurrent, ... ..	2	6	8			
						Puerperal (non-septic),	0	1	1			
						Lactational, ... ..	0	1	1			
Total,						...	...	...	11	22	33	
Delusion and Hallucination, ...						Adolescent, ... ..	3	1	4			
						Climacteric, ... ..	0	4	4			
						Senile, ... ..	0	1	1			
						Idiopathic, ... ..	3	2	5			
						Puerperal (non-septic),	0	1	1			
Total,						...	...	...	6	9	15	
Stupor, ... ..						Senile, ... ..	0	2	2			
						Idiopathic, ... ..	0	1	1			
Total,						...	...	...	0	3	3	
Paranoia, ... ..						...	...	...	1	0	1	
Impulsive Insanity, ... ..						...	...	...	1	0	1	
Obsessional Insanity, viz., Sexual Perversion, ... ..						...	...	...	0	1	1	
Degeneracy with Insanity, ... ..						...	...	...	1	0	1	
Alcoholism Do., ... ..						...	...	...	14	5	19	
Epilepsy Do., ... ..						...	...	...	3	2	5	
Chorea Do., ... ..						...	...	...	1	0	1	
Cerebral Tumour with Paralysis and Insanity, ... ..						...	...	...	0	1	1	
General Paralysis of the Insane, ... ..						...	...	...	6	0	6	
Pulmonary Tuberculosis with Insanity, ... ..						...	...	...	1	0	1	
Acute Bronchitis with Insanity, ... ..						...	...	...	0	1	1	
Cardiac Disease (valvular) with Insanity, ... ..						...	...	...	2	0	2	
Gastro-Intestinal Catarrh and Atrophy with Insanity, ...						...	...	...	1	2	3	
Puerperal Fever (Septic) with Insanity, ... ..						...	...	...	0	2	2	
Influenza Fever with Insanity, ... ..						...	...	...	1	1	2	
Typhoid Fever with Insanity, ... ..						...	...	...	0	1	1	
Malta Fever with Insanity, ... ..						...	...	...	1	0	1	
Total,						...	...	...	65	61	126	



TABLE VIII.—ADMISSIONS (DIRECT),—Duration of the Insanity on admission in the Direct Admissions of 1905.

DURATION OF THE INSANITY ON ADMISSION.	M.	F.	T.
1st Class—Recent or “Acute” (under 6 months),	45	43	88
Under 1 week, ... ..	15	14	29
1 week to under 1 month, .. ..	9	16	25
1 month to under 3 months, ... ..	15	9	24
3 months to under 6 months, ... ..	6	4	10
2nd Class—Sub-Recent or “Sub-Acute” (6 months to under 2 years), ... ..	9	10	19
6 months to under 1 year, ... ..	3	5	8
1 years to under 1½ years, ... ..	6	3	9
1½ years to under 2 years, .. ..	0	2	2
3rd Class—Persistent or “Chronic” (2 years and over) ... ..	11	8	19
2 years to under 5 years, ... ..	3	5	8
5 years to under 10 years, ... ..	1	1	2
*10 years and over, ... ..	7	2	9
*(Of these there were Congential Cases—Males 6, Females 1; Total 7).			
Total, ... ..	65	61	129

DIAGNOSIS.		TOTAL.		TOTAL DURATION OF THE ATTACK OF INSANITY.											
				Recent or Acute.				Sub-Recent or Sub-Acute.				Persistent or Chronic			
				Under 1 month.		1 month and under 3 months.		3 months and under 6 months.		6 months and under 1 year.		1 year and under 1½ years.		1½ years and under 2 years.	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
MELANCHOLIA	Adolescent, Climacteric, Senile, ...	1	2	...	...	...	...	...	...	...	1	...	...	1	...
	Idiopathic, Recurrent, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Adolescent, Climacteric, Senile, ...	3	4	...	...	1	2	...	...	...	2	...	...	1	...
	Idiopathic, Recurrent, ...	...	4	...	...	...	...	...	1	...	1	...	...	...	1
MANIA	Adolescent, Climacteric, Senile, ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
	Idiopathic, Recurrent, ...	...	...	...	...	2	...	...	...	...	...	...	...	...	1
	Adolescent, Climacteric, Senile, ...	2	1	...	...	1	...	...	...	...	...	1	...	...	...
	Idiopathic, Recurrent, ...	3	3	...	...	1	2	...	...	...	1	...	...	...	...
DELUSIONAL INSANITY	Adolescent, Climacteric, Senile, ...	1	2	...	...	...	1	...	...	1	1	...	...	...	...
	Idiopathic, Recurrent, ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
	Adolescent, Climacteric, Senile, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Idiopathic, Recurrent, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
STUPOR	Adolescent, Climacteric, Senile, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Idiopathic, Recurrent, ...	...	2	...	...	...	...	...	...	...	1	...	...	...	...
	Adolescent, Climacteric, Senile, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Idiopathic, Recurrent, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Impulsive Insanity, ...		1	...	...	...	...	1	...	...	...	...	...	...	...	...
Puerperal (Septic) Insanity, ...		...	2	...	...	...	2	...	...	...	1	...	...	...	...
Epileptic Insanity, ...		1	2	...	...	...	...	...	...	...	...	...	1	...	...
Choreic do., ...		1	1	...	...	...	1	...	...	...	...	...	...	...	...
Alcoholic do., ...		13	4	...	...	6	...	...	...	...	...	2	1	...	1
Cardiac do., ...		1	...	...	...	...	...	...	...	1	...	...	...	...	...
Bronchitic do., ...		...	1	...	...	...	1	...	...	...	...	...	...	...	...
Phthisical do., ...		1	...	...	...	...	...	1	...	...	...	...	...	...	...
Febrile (Malta Fever) Insanity, ...		1	...	...	...	...	...	...	...	1	...	...	...	...	...
Traumatic Insanity, ...		1	...	...	...	...	...	1	...	...	...	...	...	...	...
Totals,		33	28	61	1	12	4	8	7	3	8	2	2	2	3

N.B.—The Mean Age on Recovery was 39·14 years—Men, 39·21 years; Women, 39·07 years.





PRINCIPAL CAUSES OF DEATH.	THE AGES AT DEATH.														Number of Deaths and Sex.	Number of Post Mortem Examinations.		
	DEVELOPMENT.					MATURITY.					DECADENCE.							
	Und'r 10		10 to 19		20 to 29	30 to 39		40 to 49		50 to 59	60 to 69		70 to 79			80 and over.		
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.				
—General Diseases—																		
Lobar pneumonia, ..	3	3	..	..	..	1	..	1	..	1	1	1	..	..	1	..	1	..
Broncho-Pneumonia, ..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Septic Pneumonia (after cut-throat before admis'n.), ..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Tuberculosis Pulmonalis, ..	3	9	..	1	1	..	3	1	2	1	..	2	1	..	..	..	..	..
Gangrene of Lungs, ..	1	1	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..
Infective Endocarditis, ..	1	1	..	..	..	..	1	..	..	1	..	1	1	..	..	..	..	..
Carcinoma, ..	0	3	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
Sarcoma (Melanotic), ..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Senile Decay, ..	2	6	..	..	..	..	2	..	..	..	..	1	1	2	1	3	..	..
—Diseases of External Organs, viz.—																		
Skin, Fat, Bones, Joints, Muscles, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ii.—Diseases of Haemopoietic Organs, viz.—																		
Lymph and Blood Glands, and Blood, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
iv.—Diseases of Nervous System—																		
General Paralysis, ..	7	1	8	2	1	7	1	5	1	..	..	2	..	..	..	..	..	..
Cerebral Haemorrhage, ..	..	2	2	1	1	..	2	..	..	1	..	1	..	1	..	..	..	..
Cerebral Tumour, ..	..	1	1	1	1	..	1	..	..	..	..	1	..	..	..	..	..	..
Chronic Hydrocephalus, ..	..	2	2	1	2	..	2	..	2	..	..	..	..	..	..	..	..	..
Epilepsy, ..	..	1	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Exhaustion from Melancholia (Senile), ..	..	1	1	1	1	..	1	..	..	1	..	1	..	..	..	..	..	..
Do. Mania (Senile), ..	..	1	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Do. Mania (Climacteric), ..	1	..	1	1	1	..	1	..	1	..	1	..	1	..	..	..	..	..
Do. (Recurrent), ..	1	1	1	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..
Do. Alcoholic Insanity, ..	..	1	1	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..
v.—Diseases of Circulatory Organs—																		
Heart Disease with Syncope, ..	4	..	4	..	4	4	..	..	1	..	2	..	..	..	..	..	..	..
Dilatation of heart, ..	1	1	1	1	1	1	1	..	..	1	1	..	..	..	..	..	..	..
Valvular Disease of heart, ..	..	1	1	1	1	..	1	..	1	..	..	..	1	..	..	..	..	..
Fatty Degeneration of heart, ..	1	2	3	1	2	1	1	..	..	..	1	1	..	1	..	..	..	..
Chronic Interstitial Myocarditis, ..	..	1	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..
vi.—Diseases of Respiratory Organs—																		
Acute Bronchitis, ..	..	1	1	..	1	..	1	..	..	..	..	..	..	..	..	1	..	..
vii.—Diseases of Alimentary Organs—																		
Catarrh and Atrophy of Stomach and Gut, ..	..	3	3	..	2	..	2	..	1	..	1	..	..	..	..	..	..	..
Acute Haemorrhagic Pancreatitis, ..	..	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..
viii.—Diseases of Urinary Organs, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ix.—Diseases of Generative Organs, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
x.—Injuries (accident or violence), ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total, ..	28	40	68	28	38	66	..	1	2	3	6	9	5	3	2	5	..	..

TABLE XII. DEATHS—Showing, in the deaths of 1905, the Duration of the Insanity on Admission correlated with the Length of Residence in the Asylum; and separately, without correlation, the Total Duration of the Mental Illness.

DURATION OF THE INSANITY ON ADMISSION.	LENGTH OF RESIDENCE IN ASYLUM.																Total Duration of the Insanity.				
	Under 1 week.		1 week and under 1 month.		1 month and under 3 months.		3 months and under 6 months.		6 months and under 1 year,		1 year and under 2 years.		2 years and under 5 years.		5 years and under 10 years.					10 years and over.	
TOTAL.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	
Under 1 week, ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
1 week and under 1 month,	3	7	10	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	
1 month & under 3 months,	3	8	11	1	...	1	...	...	...	...	1	...	...	...	...	...	...	3	3	6	
3 months & under 6 months,	4	5	9	...	1	...	1	...	...	...	...	3	2	...	...	...	...	3	2	5	
6 months and under 1 year,	4	3	7	...	...	1	...	2	...	...	1	2	...	...	...	...	...	1	3	4	
1 year and under 2 years,	2	5	7	...	...	...	...	...	...	...	1	...	4	1	...	...	...	3	2	5	
2 years and under 5 years,	5	7	12	...	1	...	...	...	...	...	...	...	1	1	2	3	3	7	11	18	
5 years and under 10 years,	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	5	5	
10 years and over, ...	4	5	9	...	1	...	...	...	...	...	...	...	1	...	3	2	2	10	14	24	
Total, ...	28	40	68	2	5	2	3	2	3	...	3	3	5	10	2	7	7	28	40	68	

TABLE XIII., RESIDENTS.—Diagnosis of the Insanity in those Resident on 31st December, 1905.

				M.	F.	T.
Congenital Infantile and Puerile Insanity. M. 31, F. 18, T. 49.	{	Idiots (M. 3, Epileptic),	9	1	10	
		Imbeciles (M. 3, F. 1 do.)	12	8	20	
		Defectives, ...	7	6	13	
		Moral Imbeciles, ...	3	3	6	
Dementia, originally, M. 53, F. 79, T. 132.	{	Adolescent, ...	34	49	83	
		Climacteric, ...	1	10	11	
		Senile, ...	3	4	7	
		Idiopathic, ...	15	9	24	
		Gestational, ...	0	2	2	
		Puerperat (non-septic),	0	3	3	
		Lactational, ...	0	2	2	
Stupor, originally, M. 8, F. 12, T. 20.	{	Adolescent, ...	3	4	7	
		Climacteric, ...	0	1	1	
		Senile, ...	0	1	1	
		Idiopathic, ...	1	0	1	
		Recurrent, ...	5	3	8	
		Gestational, ...	0	1	1	
		Puerperal (non-septic),	0	1	1	
Melancholia, originally, M. 11, F. 16, T. 27.	{	Lactational, ...	0	1	1	
		Adolescent, ...	1	1	2	
		Climacteric, ...	2	3	5	
		Senile, ...	1	4	5	
		Idiopathic, ...	6	2	8	
		Recurrent, ...	1	3	4	
		Puerperal (non-septic),	0	2	2	
Mania, originally, M. 15, F. 36, T. 51.	{	Lactational, ...	0	1	1	
		Adolescent, ...	2	5	7	
		Climacteric, ...	1	1	2	
		Senile, ...	2	8	10	
		Idiopathic, ...	4	6	10	
		Recurrent, ...	6	12	18	
		Puerperal (non-septic),	0	2	2	
Delusion and Hallucination, originally, M. 35, F. 57 T. 92.	{	Lactational, ...	0	2	2	
		Adolescent, ...	11	6	17	
		Climacteric, ...	1	24	25	
		Senile, ...	1	4	5	
		Idiopathic, ...	20	15	35	
		Recurrent, ...	2	2	4	
		Puerperal (non-septic),	0	1	1	
Paranoia, ...	{	Lactational, ...	0	5	5	
		Adolescent, ...	10	2	12	
Hypochondriacal Insanity, ...		3	2	5		
Obsessional Insanity, viz., sexual perversion, ...		1	0	1		
Impulsive Insanity, ...		1	0	1		
Criminal and Moral Insanity, ..		3	2	5		
Degenerational and Deteriorational Insanity, ...		2	1	3		
Alcoholic Insanity, ...		26	9	35		
Epileptic Insanity, ...		32	11	43		
General Paralysis of the Insane, ...		9	1	10		
Traumatic Insanity, .		2	1	3		
Toxic Gastro-Intestinal Insanity, ...		2	0	2		
Septic Puerperal Insanity, ...		0	2	2		
Toxaemic Phthisical Insanity, ...		2	0	2		
Febrile and Post Febrile Insanity, ...		0	1	1		
Total,				247	250	497



TABLE XIV., RESIDENTS.—Total Duration of the Insanity in the 497 Patients Resident on the 31st December, 1905.

						M.	F.	T.
<i>Duration—</i>								
Recent or "Acute" (under 6 months), ... ..						13	13	26
Sub-Recent or "Sub-Acute" (6 months to 2 years),						31	36	67
Persistent or "Chronic" (2 years and over), ...						203	201	404
Totals, .. ... ..						247	250	497

TABLE XV, RESIDENTS.—Prognosis as to Mental Recovery or Improvement in the 497 Patients Resident on the 31st December, 1905.

						M.	F.	T.
<i>Prognosis—</i>								
Recoverable, ... ..						33	36	69
Improvable, .. ... ..						180	175	255
Incurable, ... ..						34	39	73
Totals, ... ..						247	250	497

TABLE XVI.—ADDITIONAL.—Monthly Incidence of the Admissions, Discharges, and Deaths During the Year 1905.

MONTHS.			ADMISSIONS.			DISCHARGES.			DEATHS.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
Jannary,	...	...	7	6	13	4	4	8	4	5	9
February,	...	...	7	5	12	3	2	5	2	4	6
March, ...	...	...	7	10	17	5	4	9	1	6	7
April, ...	...	...	2	8	10	4	1	5	0	5	5
May, ... ..	...	...	8	5	13	4	3	7	2	4	6
June, ... ..	...	...	4	6	10	7	5	12	2	1	3
July, ... ..	...	...	7	6	13	7	1	8	3	1	4
August, ... ..	...	...	6	6	12	5	5	10	4	3	7
September,	...	...	5	5	10	6	5	11	1	2	3
October, ...	...	...	3	6	9	2	5	7	0	3	3
November,	...	...	10	3	13	0	5	5	7	1	8
December,	...	...	12	7	19	5	2	7	2	5	7
Total Cases, ...			78	73	151	52	42	94	28	40	68

TABLE XVII., ADDITIONAL.—Chargeability to the various Parish Councils of Ayrshire (and elsewhere) of the Admissions, Discharges and Deaths during 1905, and of those Remaining on the Asylum Register on the 31st December, 1905.

Ayr County Patients (Parishes, with Population at 1901 Census).	Admissions.			Discharges.			Deaths.			Remaining on Asylum Register on 31st December, 1905.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ardrossan, 11,845	4	4	8	2	0	2	3	1	4	8	8	16
Auchinleck, 6605	1	0	1	0	0	0	1	1	2	9	7	16
Ayr, 31 537	14	13	27	5	5	10	6	9	15	51	51	102
Ballantrae, 1124	0	0	0	0	0	0	0	0	0	3	0	3
Barr, 581	0	0	0	0	0	0	0	0	0	1	0	1
Beith, 7523	4	1	5	2	2	4	1	2	3	7	8	15
Colmonell, 1954	0	0	0	0	0	0	0	0	0	1	2	3
Coylton, 2542	0	0	0	0	0	0	0	0	0	2	2	4
Craigie, 509	0	0	0	0	0	0	0	2	2	0	0	0
Dailly, 1673	0	0	0	1	3	4	0	0	0	1	1	2
Dalmellington, 5261	2	1	3	0	1	1	0	0	0	6	2	8
Dalry, 8212	3	1	4	0	0	0	1	1	2	12	6	18
Dalrymple, 1208	0	0	0	0	0	0	0	0	0	1	2	3
Dreghorn, 4332	0	0	0	0	4	4	0	0	0	2	1	3
Dundonald, 11,250	2	4	6	3	1	4	1	3	4	9	11	20
Dunlop, 1542	0	0	0	0	0	0	0	0	0	1	2	3
Fenwick, 1063	2	0	2	0	0	0	1	0	1	3	1	4
Galston, 6979	2	4	6	3	1	4	0	1	1	4	3	7
Girvan, 4872	0	2	2	0	3	3	1	0	1	7	5	12
Irvine, 6458	3	0	3	2	1	3	1	2	3	7	7	14
Kilbirnie, 7207	1	3	4	0	1	1	0	1	1	6	4	10
Kilmarnock, 33,142	13	14	27	14	6	20	5	5	10	32	32	64
Kilmaurs, 4549	0	2	2	1	1	2	0	0	0	3	1	4
Kilwinning, 8125	3	4	7	1	3	4	3	0	3	4	4	8
Kirkmichael, 1798	1	0	1	1	0	1	0	1	1	1	0	1
Kirkoswald, 1579	0	0	0	0	0	0	0	0	0	1	0	1
Largs, 5501	0	5	5	0	1	1	2	1	3	5	11	16
Loudoun, 8205	0	5	5	1	2	3	1	0	1	1	9	10
Mauchline, 2572	1	2	3	0	1	1	0	2	2	2	2	4
Maybole, 7889	2	2	4	3	2	5	0	2	2	2	17	19
Monkton and } Prestwick, }	2	0	2	2	0	2	0	0	0	1	2	3
Muirkirk, 5670	2	1	3	3	0	3	0	0	0	6	5	11
New Cumnock, 5367	0	1	1	0	0	0	0	2	2	2	1	3
Ochiltree, 1932	0	0	0	0	0	0	0	0	0	2	5	7
Old Cumnock, 5144	2	0	2	1	0	1	0	0	0	5	7	12
Riccarton, 8080	0	0	0	1	0	1	0	1	1	5	5	10
Sorn, 3607	1	0	1	3	0	3	0	0	0	3	3	6
Stair, 1175	0	0	0	0	0	0	0	0	0	1	0	1
Stevenston, 9497	4	1	5	2	1	3	0	0	0	14	8	22
Stewarton, 3958	2	2	4	0	1	1	1	1	2	7	3	10
Straiton, 1016	0	0	0	1	0	1	0	1	1	4	1	5
Symington, 592	0	0	0	0	0	0	0	0	0	1	3	4
Tarbolton, 2961	0	1	1	0	0	0	0	0	0	2	5	7
West Kilbride, 2978	1	0	1	0	1	1	0	1	1	2	3	5
Criminal Patients,	0	0	0	0	0	0	0	0	0	0	0	0
Out County Patients	6	0	6	0	1	1	0	0	0	0	0	0
Grand Totals,	78	73	151	52	42	94	28	40	68	247	250	497





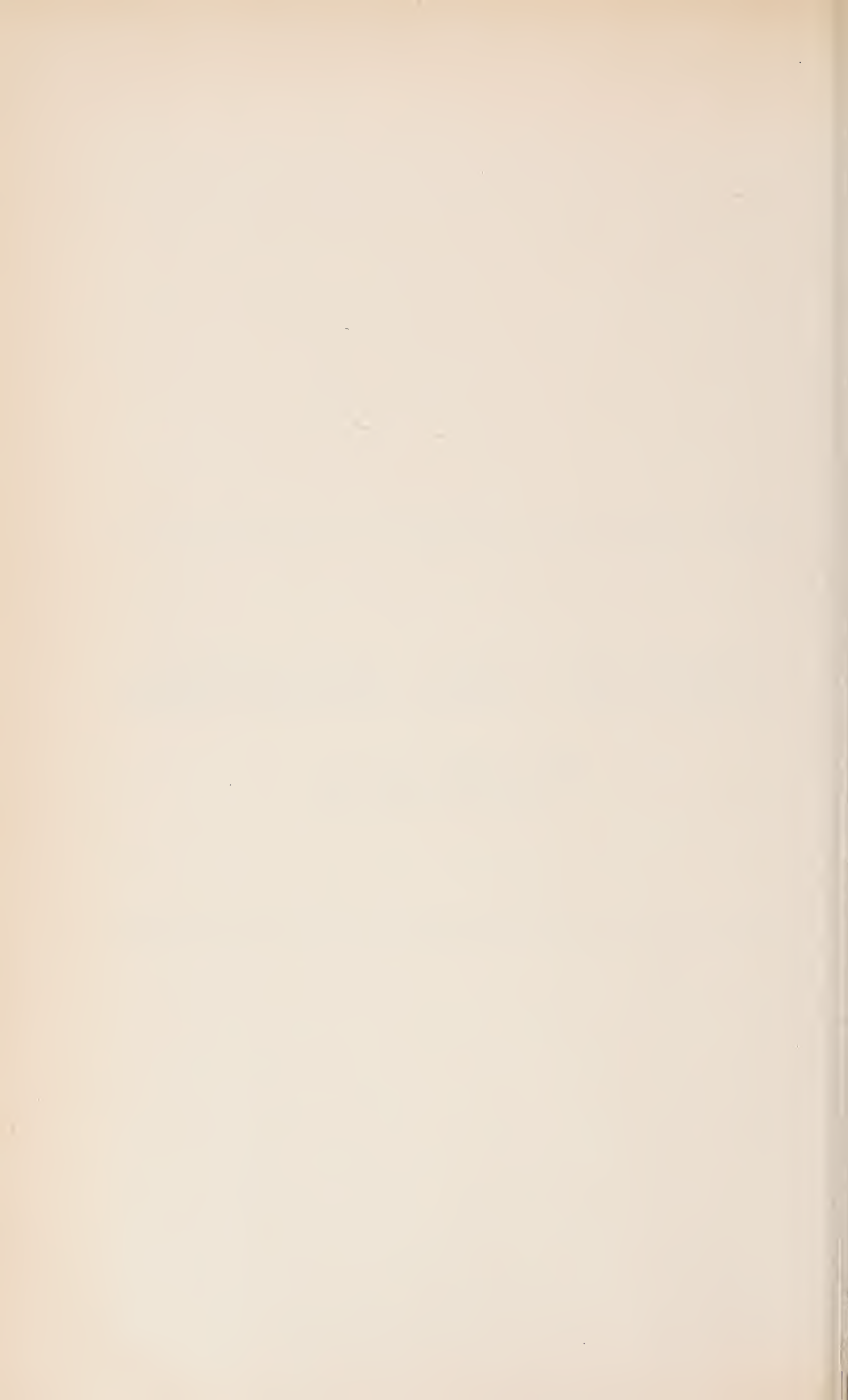
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DIETARY AND INDUSTRIAL  
TABLES.

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DIETARY TABLE.—AYR DISTRICT ASYLUM DIETARIES.

PATIENTS' ORDINARY DIETARY. (M—Men Patients; W—Women Patients.)				OFFICIALS' ORDINARY DIETARY. (M—Attendants and Tradesmen; W—Nurses and Servants.)			
DAY OF WEEK.	BREAKFAST— 8.15 to 8.35 a.m.	DINNER— 1.30 to 2 p.m.	TEA— 6.30 to 6.50 p.m.	BREAKFAST—7.15 to 8 a.m. (Two Tables). (NIGHT STAFF, 7.15 to 7.35 a.m.)	DINNER—12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	TEA—5.30 to 6.30 p.m. (Two Tables). (NIGHT STAFF, 7.30 to 7.50 p.m.)	SUPPER—8 to 10 p.m. (NIGHT STAFF, 11.30 p.m. to 1 a.m.)
MONDAY.	Porridge. M. 30 oz., W. 20 oz. Sweet Milk 10 oz. Wheaten Bread M. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz. Or Margarine, $\frac{5}{16}$ oz. Tea, 10 oz.	Wheaten Bread, M. 4 W. 3 oz. Rice Soup, 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. Wheaten Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. (Lettuce and Cress in season).	Porridge, M. 30 oz. W. 20 oz. Sweet Milk, 10 oz. Wheaten Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Omelet, 2 $\frac{1}{2}$ oz.	Milk, 10 oz Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz. and Fresh Vegetables, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Cheese, 1 oz. (Lettuce and Cress in season).	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz.
TUESDAY.	Do., with Coffee, 10 oz., instead of Tea.	Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Preserved Mutton or Beef, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Do.	Do. with Preserved Beef, 3 oz. instead of Omelet	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 6 oz N.B. Sometimes Pie instead of Stew.	Do.	Do.
WEDNESDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing Fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Do.	Do. with Mince Patties (2 oz. Mince Meat, Flour and Bread Crumbs), instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoulder, fresh, uncooked with bone), M. 16 oz. W. 12 oz. Potatoes, 12 oz. Pudding.	Do.	Do.
THURSDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Potato Soup. 20 oz. Stewed Beef (fresh, uncooked without bone), M. 6 oz., W. 5 oz. Potatoes, 6 oz., and Fresh Vegetables, 4 oz.	Do.	Do. with Preserved Mutton, 3 oz. instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Do.	Do.
FRIDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 12 oz., W. 10 oz.; or dried, M. 6 oz., W. 5 oz. Potatoes, 12 oz.	Do.	Do. with an egg instead of Omelet	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz., or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Do.	Do.
SATURDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Beef or Mutton, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz).	Do.	Porridge, M. 30 oz., W. 20 oz. Sweet Milk, 10 oz Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Fish, fresh, dressed, M. 8 oz., W. 6 oz.; or dried, M. 4 oz., W. 3 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Shepherd's Pie; or as Meat Pie (in this case, Potatoes 8 oz.)	Do.	Do
SUNDAY.	Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz., Or Margarine, $\frac{5}{8}$ oz. Cheese, 1 oz. Cocoa, 20 oz.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing Fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Syrup, 1 $\frac{1}{2}$ oz.	Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Sausages, 4 oz., or Liver, 2 oz., and Bacon, 2 oz. Tea or Coffee or Cocoa, 20 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef (fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{4}$ oz. Marmalade or Jam or Jelly or Syrup, $\frac{1}{2}$ oz.	Do.







NOTES ON THE ORDINARY DIETARIES.

*Porridge, Bread, Tea, Coffee, and Cocoa are given ad libitum to all, patients and officials, at the meals at which these articles are served.* The daily allowance of Potatoes and Fresh Vegetables depends upon supplies from Asylum Garden (in case of vegetables), and Outside Market (in case of potatoes). When potatoes are dear, rice (2 oz. per head), or peas (3 oz.), or haricot beans (3 oz.), are served instead.

*The Officials' Ordinary Dietary is that for An Able-Bodied Man or Woman doing a Hard Day's Work.* No extras are given.

*The Patients' Ordinary Dietary* is based on the recommendations contained in the special Blue Book drawn up by Dr J. C. Dunlop, and published as a "Supplement to the 43rd Annual Report of the General Board of Commissioners in Lunacy for Scotland (1902)," and it is a practical application of the above named expert's "*Suggestions for securing the proper feeding of Pauper Lunatics*, which are as follows:—(1) Porridge and milk must be given at least once daily. (2) Bread should be given *ad libitum* with all meals. (3) Tea or Coffee or Cocoa should be given *ad libitum* twice daily. (4) The minimum weekly allowance of Butter should be 5 oz., or of Margarine 6 oz. (5) The minimum allowance of Potatoes should be 3 lbs, of other Fresh Vegetables 1½ lbs. (6) A Fish dinner or a fifth Meat dinner should be given weekly. (7) 24 oz. of Meat, uncooked without bone, should be the minimum weekly allowance. (8) The proper variation of diet should be insisted on, as by (a) giving the same dinner not oftener than twice weekly; (b) giving the same soup not oftener than twice weekly; (c) varying the meat, and its cooking; d) giving puddings; and (e) giving seasonable dishes, as rhubarb, apples, etc., when easily procured. From the above dietary scale for the Patients at Ayr Asylum it will be seen that variety has been secured in the various meals as follows:—(I.) *Dinners*, two courses daily. *1st Course*, Soup or Broth. *2nd Course*, Meat or Fish or Pudding. It will be noticed that the weakly nitrogenous 1st courses, viz., Potato Soup and Rice Soup, are combined with the strongly nitrogenous 2nd courses, viz., the largest rations of Fresh Meat, and the ration of Fish; that the moderately nitrogenous 1st courses, viz., Pea Soup and Lentil Soup, are combined with the moderately nitrogenous 2nd courses, viz., the rations of Preserved Meat, which, for variety sake, is served cold or in the form of Irish Stew or Meat Pie; and finally, that the richly nitrogenous first courses, viz., the Barley Broth with its contained Whole Peas or Fresh Beans and small ration of Fresh Meat, are combined with the feebly nitrogenous 2nd courses, viz., the Puddings, which vary according to season, and supply of rhubarb, etc., from garden. (II.) *Breakfasts* are varied, so far as this is possible by giving Tea on Mondays, Wednesdays, and Fridays; Coffee on Tuesdays, Thursdays, and Saturdays; and Cocoa and Cheese, in place of Porridge, on Sundays. (III.) *Teas* are capable of but little variation in institutions, but Syrup is given instead of Butter on Sundays, and Lettuce and Cress according to season and garden supply. (9) Extra Food should be given to Working Patients.

*The Patient's Ordinary Dietary at Ayr is that for an Able-Bodied Man or Woman doing a Moderate Day's Work, each Woman receiving approximately 4-5ths of the Standard or Men's Dietary.* *Men Workers* therefore receive no extras except in a few cases, in which they are regarded as doing a hard day's work; but all men workers who smoke receive, as an inducement to work, a supply of tobacco (2 ounce of thin twist weekly is the average allowance). *Women Workers in the Laundry and Kitchen*, inasmuch as they do a woman's hard day's work, receive, in addition to their ordinary (or 4-5ths Standard) Dietary, the following Extras:—*A Forenoon Lunch at 11 a.m.* (Coffee, 5oz.; Bread, 1½.; Syrup, ¾ oz.), and an *Afternoon Tea at 4 p.m.*; (tea, 5 oz.; bread, 1½ oz.; Syrup, ¾ oz.) *Women Workers* in the wards who are employed at the lighter labour of housework and sewing require no such extras, but those who make themselves specially useful, and those who assist at the weekly Mendings of Men's Clothes, &c., receive an Afternoon Tea as an extra. *Able-Bodied Idlers, men and women*, receive no extras; further, they receive less than the full ordinary Dietary at dinner, the Idlers of each sex being grouped at special tables to which relatively less food is sent. Similarly, less dinner per head is required in the wards for the *Old and Infirm* who are unable to work, and for Detoriated Patients who simply lead a vegetative existence. The meat at dinner for all *Paralytic and Epileptic* patients is served minced.

On Christmas Day or New Year's Day, or other special occasion, Roast Beef or Mutton Pie, and Plum Pudding may be given at dinner; or Cake or Buns or Jam at Tea, according to the discretion of the Medical Superintendent.

RECEIPTS PER PINT OF 20 OZ., OR PER DIET.

1. *Tea*—R Tea, ⅓ oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ¾ oz.; Milk, 2 oz.
2. *Coffee*—R Coffee, 3-16ths oz.; Chicory, 1-16th oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ¾ oz.; Milk, 2 oz.
3. *Cocoa*—R Cocoa, 3-16ths oz., Water, 18 oz. (officials), 20 oz. (patients); Sugar, ¾ oz.; Milk, 2 oz.  
N.B.—Sugar and Milk are served as a rule mixed in the patients' Tea, Coffee, or Cocoa, but separately in the case of that of the officials.
4. *Porridge*—R Oatmeal, 2½ oz.; Salt, ⅓ oz.; Water, 20 oz.
5. *Rice Soup*—R Rice, 1 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The patients' Fresh Meat on Mondays, and Marrow Bones on Fridays, are boiled in the Rice Soup.
6. *Potato Soup*—R Potatoes, 6 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The Stock from the Staff Boiled Mutton on Wednesdays is utilised in the Potato Soup.
7. *Lentil Soup*—Split Lentils, 3 oz.; Water as required. N.B.—Made with the Stock from the Staff Boiled Beef on Sundays, along with some Ham Bones and Marrow Bones.
8. *Pea Soup*—R Split Peas, 3 oz.; Water as required. N.B.—Made with Ham Bones and Marrow Bones.
9. *Barley Soup*—R Pot Barley, 1 oz.; Whole Peas (or Fresh Beans), ½ oz.; Fresh Vegetables, 4 oz.; Water as required. N.B.—The Patients' Fresh Meat on Wednesdays and Sundays is boiled in the Broth, and served with it. The Staff boiled meat is cooked and served separately.
10. *Meat Pie*—R Preserved Meat, 3½ oz. (patients), 7 oz. (officials); Flour, 2 oz.; Suet or Dripping, ½ oz.; Water as required.
11. *Beef Tea*—R Lean Beef, 16 oz.; Water, 20 oz.
12. *Mutton Tea*—R Lean Mutton, 16 oz.; Water, 20.
13. *Fish Sauce* (per head)—R Flour, ⅓ oz.; Butter, 1-16th oz.; Milk, 1 oz.
14. *Omelet*—R Eggs, 4 (8 oz.); Milk, 20 oz. (Makes Breakfast Omelet for eight persons).
15. *Steward Rhubarb*—R Rhubarb, 16 oz.; Water, 10 oz.; Sugar, 4 oz.
16. *Rhubarb (or Plum), Dumpling*—R Rhubarb (or Plums), 6 oz.; Flour 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
17. *Rhubarb (or Plum), Tart*—R Rhubarb (or Plums), 8 oz.; Flour 4 oz.; Suet or Dripping, ½ oz.; Sugar, 2 oz.; Water as required.
18. *Apple Dumpling*—R Apples, 6 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1 oz.; Water as required.
19. *Apple Tart*—R Apples 8 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
20. *Currant Dumpling*—R Flour, 4 oz.; Suet or Dripping, ½ oz.; Currants, ½ oz.; Sugar 1 oz.; Water as required.
21. *Currant Rice*—R Rice, 1½ oz.; Currants ½ oz.; Sugar ½ oz.; Milk 20 oz.
22. *Rice, Sago, Tapioca, &c. Puddings*—R Rice, 1½ oz., or Sago, 1½ oz., or Tapioca, 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
23. *Milk or Corn Flour (or Arrowroot)*—R Corn Flour (or Arrowroot), 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
24. *Milk and Egg Custard*—R Eggs, 2 (4 oz.); Sugar, 1 oz.; Sweet Milk, 20 oz.

SPECIAL OR SICK DIET.

For all on the Sick List, Patients or Officials, is prescribed by the Physician from the following:—Sweet Milk, Butter Milk, Cream, Gruel; peptonised milk or milk gruel or Benger's Food; bovril, beef tea, meat extracts, meat jellies, clear soups, thick soups, broths; bread and milk, arrowroot, corn flour, tapioca, sago, rice, milk and egg custard; eggs, fish, chicken, minced meat, mutton chops, beef steaks; potatoes, fresh vegetables, fruit; bread, biscuits, butter, cheese; tea, coffee, cocoa, sugar; potash or soda water. Alcoholic stimulants are used only medicinally. The List of Patients on Extras and Stimulants is revised daily by the Assistant Physicians, and weekly by the Medical Superintendent.







INDUSTRIAL TABLES.—Showing the Amount and Value of the Estimable Work done during the Financial Year, 16th May, 1904, to 15th May, 1905, in certain departments, and distinguishing whether “Towards Accommodation” or “Towards Maintenance” of Patients. The Valuations are made by the Clerk of Works, for work done by Joiner, Painter, Plumber, and Engineer; by the Steward, for work done by Tailor and Shoemaker, and for Bread from Bakery and Vegetables from Garden; and by the Matron, for work done in Sewing Rooms and Laundry. N.B.—Work of Electrician and Night Stoker not estimated, as they were not appointed to the Staff till June, 1905.

### A.—JOINER (AND TWO PATIENTS).

#### a)—Towards Accommodation—

Nurses' Mess Room, ... ..	£17	0	0
Men's Mess Room, ... ..	17	0	0
Women's Ward III., ... ..	21	0	0
Men's Ward III., ... ..	21	10	0
Men's Verandah, ... ..	2	15	6
Women's Verandah, ... ..	1	10	0
Administrative Front Picture Moulding, ... ..	3	10	6
Assistant Gardener's Washhouse, ... ..	3	15	0
Presses, Electric Engine Room, ... ..	3	5	6
Screen at Telephone, ... ..	2	5	0
Window Repairs, ... ..	13	10	6
Wall Linings, ... ..	5	5	0
Picture Framing, ... ..	1	5	6
Lavatory Repairs, ... ..	5	10	6
Fencing Repairs, ... ..	1	5	6
Greenhouse Repairs, ... ..	1	10	0
Potato Boxes, ... ..	0	7	6
Roof Repairs, ... ..	2	10	0
Cutting Glass, ... ..	1	5	6
Doors and Flooring, ... ..	7	10	0
Fire Brigade Practice, ... ..	1	3	0
	£134	14	6

#### (b)—Towards Maintenance—

#### Joiner Work—(Continued).

Ward Furniture Repairs, ... ..	£14	10	0
Laundry Repairs, ... ..	15	17	6
Making Coffins, ... ..	8	12	6
Brush Handles, Polishing Blocks, etc., ... ..	2	15	6
	£41	15	6

#### Upholstery Work.

Lifting and Laying Carpets and Linoleum, ... ..	£5	10	0
Covering Sofas, Chairs, Screens, etc., ... ..	8	5	6
Covering Tables in Dining Hall and Wards, ... ..	3	15	0
	£17	10	6

Total, £134 14s 6d, + £41 15s 6d, + £17 10s 6d, = £194 0 6

**B.—PAINTER** (and one patient).*Accommodation—*

Attendants' Cottages, ...	...	...	...	...	£5 5 0
Fire Exit Stairways, ...	...	...	...	...	4 8 0
Main Entrance Gate and Railing,	...	...	...	...	1 7 0
Steward's House, ...	...	...	...	...	3 6 0
Men's Verandah, ...	...	...	...	...	5 9 0
Women's Verandah, ...	...	...	...	...	6 14 0
Nurses' Mess Room, ...	...	...	...	...	5 2 0
Bed Rooms, Administrative Front,	...	...	...	...	5 15 0
Sitting Rooms, „ „	...	...	...	...	10 2 0
Stair Case, „ „	...	...	...	...	6 17 0
Sewing Room, „ „	...	...	...	...	4 13 0
Head Gardener's House, ...	...	...	...	...	1 4 0
Small Hospital, ...	...	...	...	...	0 12 0
Women's Ward I., ..	...	...	...	...	0 18 0
„ „ II., ...	...	...	...	...	4 1 0
„ „ III., ...	...	...	...	...	10 13 0
Men's Ward I., Side Rooms,	...	...	...	...	8 17 0
„ „ III., ...	...	...	...	...	12 1 0
Men's Mess Room, ...	...	...	...	...	5 2 0
Joiner's House, ...	...	...	...	...	2 9 0
Electric Tubing, ...	...	...	...	...	6 7 0
„ „ Engine Room,...	...	...	...	...	3 6 0
Fencing, ..	...	...	—	...	11 17 0
Touching up at New Plaster, etc.,	...	...	...	...	4 13 0
„ „ Furniture, ...	...	...	...	...	1 17 0
Notice Boards, etc., ...	...	...	...	...	1 4 0
Fire Brigade Practice, ...	...	...	...	...	1 3 0
					<hr/>
					£135 2 0
					<hr/>

**C.—PLUMBER.***Accommodation—*

Firing Steam Boilers, ...	...	...	...	...	£26 10 0
Roof Repairs, ...	...	...	...	...	8 7 6
Lavatory Repairs, ...	...	...	...	...	14 17 6
Gas Mains, ...	...	...	...	...	3 10 0
Water Mains, ...	...	...	...	...	6 10 0
Hot Water Pipes, ...	...	...	...	...	7 10 0
Steam Pipe Repairs, ...	...	...	...	...	8 10 6
Heating Pipes, ...	...	...	...	...	6 10 0
House Drains,...	...	...	...	...	4 17 0
Glazing, ...	...	...	...	...	7 5 0
Tinsmith Work, ...	...	...	...	...	4 3 0
Gas Repairs, ...	...	...	...	...	4 5 6
Greenhouse, ...	...	...	...	...	2 10 0
Septic Tank, ...	...	...	...	...	5 10 0
Fire Brigade Practice, ...	...	...	...	...	1 10 0
					<hr/>
					£112 6 0
					<hr/>

**D.—ENGINEER.***Accommodation—*

Firing Steam Boilers and attending to Electric Lighting Plant,	£58	10	0
Steam Pipe Repairs, ... ..	8	17	6
Heating Pipe Repairs, ... ..	5	10	0
Laundry Extractor Repairs, ... ..	5	0	0
Blacksmith Work, ... ..	3	10	0
House Drains, ... ..	1	17	6
Cleaning Flues of Steam Boilers, ... ..	8	10	0
Septic Tank, ... ..	4	15	6
Water Pipes, ... ..	2	10	6
Greenhouse, ... ..	2	10	0
Lock Repairs, ... ..	1	15	0
Fire Brigade Practice, ... ..	1	3	0
	£104	9	0

**E.—TAILOR (and 3 Patients).***Maintenance—*

Making 7 Suits, . . . . .	@ 10/-	£3	10	0
„ 4 Jackets, ... ..	„ 6/-	1	4	0
„ 4 Vests, ... ..	„ 2/-	0	8	0
„ 102 Pair Tweed Trousers, ... ..	„ 3/-	15	6	0
„ 63 Pairs Corduroy Trousers, ... ..	„ 2/-	6	6	0
„ 15 Pairs Overalls, ... ..	„ 1/6	1	2	6
„ 3 Caps, ... ..	„ -/6	0	1	6
„ 3 Tablecovers, ... ..	„ 1/-	0	3	0
Cutting 285 Pairs Drawers, ... ..	„ -/3	3	11	3
		£31	12	3
Repairing 1352 Pairs Trousers, ... ..	@ -/6	£33	16	0
„ 329 Jackets, ... ..	„ 1/6	24	13	6
„ 207 Vests, ... ..	„ -/6	5	3	6
„ 26 Pairs Overalls, ... ..	„ -/6	0	13	0
Sundries, and sorting up Clothes, ... ..		11	1	0
		£75	7	0

*Upholstery Work.*

Making 134 Window Blinds, ... ..	@ -/6	£3	7	0
Cutting 91 Bed Mattresses, ... ..	„ -/3	1	2	9
Repairing 35 Bedticks, ... ..	„ -/6	0	17	6
„ 6 Bed Mattresses, ... ..	„ -/6	0	3	0
Repairing and Making Carpets, 71 hours at 6d per hour,		1	15	6
Covering 5 Footstools, ... ..	@ -/9	0	3	9
Binding 2 Hearth Rugs, ... ..	„ 3/-	0	6	0
Repairing Cricket Screen and Leg Guards, 11½ hrs. at 6d per hr.,		0	5	9
		£8	1	3
Total, ... ..		£115	0	6



**G**—Continued.

Deduct Value of Flour used in Kitchen for other purposes, ... ..	£50 18 7
	<hr/>
	£669 5 4
Deduct Value of Stock in hand at 15th April, 1905,...	19 8 11
	<hr/>
	£649 16 5
	<hr/>
Received from Bakehouse during the Year.	
6195 $\frac{2}{12}$ Dozen 2 lb. Loaves @ $2/10\frac{2}{3}$ per dozen, ...	... £649 16 5
	<hr/>

**H.—GARDEN.** Supplies from Asylum Garden.*Maintenance—**Supplies of Vegetables from Garden—*

		Quantity, St. Lbs.	Rate, s. d.	
Artichokes, ... ..	...	43 5	0 10½	£1 16 11
Beans, ... ..	...	99 4	1 2	6 8 11¾
Beans—Kidney, ... ..	...	7 6	1 3¾	0 10 4¾
Beetroot, ... ..	...	59 7	0 10½	2 17 10¾
Brussels Sprouts, ... ..	...	34 1	3 9½	6 12 0
Cabbage, ... ..	...	904 2	0 10½	44 10 11¾
Cauliflower, ... ..	...	73 9	2 7½	9 17 11¼
Celery, .. ...	...	37 3	2 11	5 9 11½
Endive, ... ..	...	18 13	1 5½	1 8 3
Greens, ... ..	...	101 8	0 10½	4 17 11¾
Leeks, ... ..	...	86 8	0 8¾	3 7 3½
Lettuce, ... ..	...	223 3	1 2	13 1 3¾
Mustard and Cress, ... ..	...	7 10	4 1	1 11 6
Onions, .. ...	...	117 2	1 2	6 13 10
Peas, ... ..	...	21 1	1 2	1 5 2¼
Parsley, ... ..	...	47 9	2 7½	6 5 0½
Parsnips, ... ..	...	85 7	0 10½	3 18 2
Radish, ... ..	...	10 10	1 5½	0 16 0¼
Rhubarb, ... ..	...	884 6	0 5¼	21 14 1
Savoy, .. ...	...	24 1	1 2	1 8 1¾
Shallots, ... ..	...	18 0	0 8¾	0 13 5½
Spinach, ... ..	...	12 7	1 2	0 14 2½
Turnips, ... ..	...	620 5	0 3½	9 10 11¼
Vegetable Marrow, ..	...	21 11	2 4	2 11 4
Total, ... ..	...	...	..	£158 1 9

*Supplies of Fruit, etc., from Garden—*

	Quantity.	Rate, s. d.	
Apples, ... ..	103 $\frac{1}{2}$ st.	2 0	£10 7 0
Black Currants, ... ..	256 lbs.	0 6	6 8 0
Cucumbers, ... ..	58 „	0 4	0 19 4
Gooseberries, ... ..	86 „	0 3	1 1 6
Loganberries, ... ..	6 „	1 0	0 6 0
Raspberries, ... ..	21 „	0 8	0 14 0
Strawberries, .. ...	118 „	0 6	2 19 0
Tomatoes, ... ..	209 „	0 8	6 19 4
			<hr/>
			£29 14 2
			<hr/>

**H**—Continued.*Supplies of Cut Flowers, Plants, etc.—*

60 Plants @ 10/- per week, ... ..	£30	0	0
14 Pans filled with Bulbs and Ferns—12 weeks @ 1/3 per week each, ... ..	10	10	0
Cut Flowers for 36 weeks @ at 2/6 per week, ...	4	10	0
Christmas and New Year Decorations, ...	10	0	0
	£55	0	0

Total Supplies from Garden, £242 15s 11d.

**I.—SEWING ROOMS.** Clothing Made and Repaired.*Maintenance—***WOMEN'S CLOTHING.**

	Rate.	Total.
	s. d.	£ s. d.
213 Flannel Semmits, ... ..	0 4	3 11 0
646 Chemises, ... ..	0 6	16 3 0
184 Petticoats ... ..	0 6	4 12 0
72 pairs Drawers, ... ..	0 4	1 4 0
83 Night Dresses, ... ..	0 8	2 15 4
48 Serge Dresses, ... ..	3 0	7 4 0
118 Print Dresses, ... ..	3 0	17 14 0
4 Ball Dresses, ... ..	7 6	1 10 0
15 Laundry Blouses, ..	0 8	0 10 0
32 Tweed Capes, ... ..	4 6	7 4 0
796 Aprons, ... ..	0 2	6 12 8
264 Ties with lace ends, ... ..	0 4	4 8 0
24 Nightingales, ... ..	0 4	0 8 0
338 pair Stockings, ... ..	0 9	12 13 6
136 pair Stockings refooted, ... ..	0 4	2 5 4
		£88 14 10

**MEN'S CLOTHING.**

284 Shirts, ... ..	1 0	£14 4 0
225 Undershirts, ... ..	0 6	5 12 6
260 pair Drawers, ... ..	1 0	13 0 0
180 Ties, ... ..	0 2	1 10 0
631 pair Socks, ... ..	0 8	21 0 8
272 pair Socks refooted, ... ..	0 4	4 10 8
		£59 17 10

**BEDDING, NAPERY, ETC.**

621 Sheets, ..	0 4	£10 7 0
49 Draw Sheets, ... ..	0 4	0 16 4
28 Pillow Cases, ... ..	0 4	0 9 4
91 Mattress Slips, ... ..	1 0	4 11 0
101 Bed Ticks, ... ..	1 0	5 1 0
57 Table Cloths, ... ..	0 4	0 19 0
175 Kitchen Towel, ... ..	0 1	0 14 7
121 Bath Towels, ... ..	0 1	0 10 1
213 Roller Towels, ... ..	0 1	0 17 9
24 Chair Covers and Cushions, ... ..	0 8	0 16 0
12 Doyleys, ... ..	0 8	0 8 0
3 Tray Cloths, ... ..	3 0	0 9 0
76 Shrouds, ... ..	0 4	1 5 4
500 Bandages, ... ..	0 0½	1 0 10
		£28 5 3

				UNIFORM.			
32 Serge Dresses,	...	...	..	...	4	0	£6 8 0
54 Print Dresses,	...	...	..	...	4	0	10 16 0
80 Nurses' Caps,	...	...	...	...	0	3	1 0 0
357 Nurses' Aprons,	...	...	...	...	0	6	8 18 6
132 Attendants' Aprons,	...	...	...	...	0	5	2 15 0

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£29 17 6

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				REPAIRS.			
33,771 Articles of Clothing,	...	..	...	...	0	1	£140 14 3

Total, £347 9s 8d.

## J.—LAUNDRY. WASHING.

*Maintenance—*

287,354 Articles washed and dressed,	...	...	...	0	1	£1197 6 2
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# TREASURER'S FINANCIAL TABLES.

*(For the Year 16th May, 1904, to 15th May, 1905).*

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FINANCIAL TABLE I.

PROVIDING

FOR THE YEAR ENDING

RECEIPTS.								Total for the Year.	
<i>Statement of Balance</i> in favour of Board at 15th May, 1904, ... ..								£799	1 11
I. <i>Assessment on District</i> —									
1. County of Ayr, ... ..	..	..	..	..	..	..	..	£2688	16 3
2. Burgh of Ayr, ... ..	..	..	..	..	..	..	..	390	18 6
3. Burgh of Kilmarnock, ... ..	..	..	..	..	..	..	..	329	3 0
4. Burgh of Irvine, ... ..	..	..	..	..	..	..	..	91	2 3
								3500	0 0
II. <i>Loans borrowed on the Security of Assessments</i> , under the provisions of the Statute, ... ..								12,900	0 0
III. <i>Estimated Rent of Farm</i> , paid from the Maintenance Account, on account of Farm									
Lands acquired by purchase, and of Farm Buildings and Improvements, ... ..								100	0 0
IV. <i>Other Receipts</i> , ... ..								0	0 0
<i>Statement of Balance</i> against the Board at 15th May, 1905, ... ..								1205	17 0
Total, ... ..								£18,504	19 0

TOTAL COST PER BED. (PROVIDING ACCOUNT).

N.B.—Accommodation of Asylum on 15th May, 1905, for 460 Patients. Total cost per Bed including everything under “Providing Account,” since origin of Asylum in 1869 up to 15th May, 1905, £142,433 0s. 9d., ÷ 460 = £309 12s. 8<sup>8</sup>/<sub>9</sub>d. It is to be noted that the Total Cost up to 15th May, 1905, includes the cost up to date of the New Hospital now in course of erection whose housing room is not here credited to the “Accommodation of Asylum.”

## ACCOUNT.

## FINANCIAL TABLE I.

5TH MAY, 1905.

	PAYMENTS.	Total for the Year.	Total Expenditure since Origin of Asylum.
I. <i>Land</i> (exclusive of Farm Lands)—			
1. Purchase of Asylum Grounds.			
2. Rent of Asylum Grounds, Feu-Duty and Stipend,...	£154 0 4	£5634 6 2	
II. <i>Asylum Buildings, Additions, Alterations and Improvements</i> —			
1. Improvement of Grounds, ... ..	£3187 5 3		
2. Mason, ... ..	2597 7 5		
3. Carpenter, ... ..	379 18 2		
4. Plumber, ... ..	205 8 9		
5. Slater, ... ..			
6. Lath and Plaster, ... ..	45 7 7		
7. Painting, Glazing, and Papering, ... ..	110 16 7		
8. Smith and Founder Work, ... ..	166 11 4		
9. Heating and Ventilating, ... ..	19 14 7		
10. Architect, ... ..	522 0 0		
11. Plant for Electric Light, ... ..	4238 15 5		
	-----	11,473 5 1	97,266 3 0½
III. <i>Expenditure on Farm</i> —			
1. Purchase of Farm Lands, ... ..	£0 0 0		
2. Farm Buildings and Walls, Additions, Alterations and Repairs, ... ..	0 0 0		
3. Draining, Fencing, etc., ... ..	0 0 0		
	-----	0 0 0	7522 13 3½
IV. <i>Furniture and Furnishings</i> (comprising the outlay for the complete equipment of the Asylum, and of additions to it, and the cost of articles rendered necessary by increase of population)—			
1. Household Furnishings, ... ..	£0 0 0		
2. Ironmongery and Cutlery, ... ..	22 1 10		
3. Bedcoverings, ... ..	0 0 0		
4. Table Linen and Towelling, ... ..	0 0 0		
5. Mattresses and Upholstery, ... ..	1 2 6		
6. Carpeting, etc., ... ..	0 0 0		
7. Joiner-work and Cabinet-work, ... ..	0 13 9		
8. Stoneware and Glass, ... ..	0 0 0		
9. Minor Furnishings, ... ..	30 6 0		
	-----	54 4 1	9190 0 7½
V. <i>Miscellaneous Expenses</i> —			
1. Interest paid on Bank Account, ... ..	£21 5 0		
2. Law ... ..	171 11 11		
3. Insurance, ... ..	56 19 10		
4. Printing, Advertising, Stationery, and Incidents, ... ..	35 11 0		
5. Taxes levied on Owner, ... ..	115 1 6		
	-----	400 9 3	2966 19 8¼
VI. <i>Loans</i> —			
1. Instalment of Loans, ... ..	£5400 0 0		
2. Interest on Loans (less Income Tax, amounting to £55 13s. 2d.), ... ..	1023 0 4	6423 0 4	17,733 11 3
II. Expenses for first year after opening of Asylum, borne by Capital Account, under provisions of Section 54, 20 and 21 Vic., cap. 71, ... ..			2119 6 8
Total, ... ..	£18,504 19 1		
Total Expenditure on Asylum up to 15th May, 1905, ... ..			£142,433 0 9



FINANCIAL TABLE II.

MAINTENANCE

FOR THE YEAR ENDING

RECEIPTS.						Total for the Year.
I. <i>Board of Patients</i> —						
1. Board Receivable during Year (at fixed Rate of £27 6s. since 14th November, 1901),	...	...	...	...	£14,010 8 9	
2. Extra Outlays on Patients during Year, for Funeral Expenses, Removals, etc.,	...	...	...	...	62 17 0	
					£14,073 5 9	
Less—Board Repayable for Patients Dead or Discharged before Expiry of Quarter,	...	...	...	...	34 13 3	
					£14,038 12 6	
II. <i>Farm and Garden Produce, etc.</i> —						
1. Value of Produce sold —						
Pigs,	...	...	...	...	£640 7 5	
Grazings,	...	...	...	...	44 14 3	
					£685 1 8	
2. Value of Produce supplied to Asylum—						
Green Vegetables,	...	...	...	...	£158 1 9	
Fresh Fruits,	...	...	...	...	29 14 2	
Kitchen Waste for Piggery,	...	...	...	...	26 0 0	
					213 15 11	
					898 17 7	
III. <i>Other Receipts</i> —						
Interest on Deposit Receipt,	...	...	...	...	£1 3 8	
Rags, Bones, and Old Iron sold,	...	...	...	...	17 17 2	
					19 0 10	
Total,	...	...	...	...	£14,956 10 11	

1904-1905.—COST PER HEAD (MAINTENANCE ACCOUNT).

	Men.	Women.	Total.
Average Number of Patients resident during Financial Year,	252·4	260·2	512·6
Average Number of Officials boarded wholly or in part during Financial Year,	40	39	79
Total,	292·4	299·2	591·6

N.B.—Maintenance Expenses (£13,783 18s. 3d.), Less Profit on Farm and Garden Account (£310 11s. 4d.), and Sales of Old Iron, etc. (£19 0s. 10d.), £13,454 6s. 1d., divided by 512·6 equals £26 4s. 11½d., the Net Cost of Maintenance per Patient during Financial Year.

5TH MAY, 1905.

PAYMENTS.					Total for the Year.
<i>Statement of Balance against the Board at 15th May, 1904, .. .. .</i>					£71 19 7½
<b>I. Maintenance of Patients and Expenses.</b>					
i. Food—					
1. Provisions Bought, .. .. .	£5333	1	2½		
2. Value of Produce supplied from Garden, .. .. .	187	15	11		
				£5520	17 1½
ii. Clothing, Boots and Shoes, etc., .. .. .				821	5 7
iii. Medicines and Surgical Appliances, .. .. .				113	7 6
iv. Wines, Spirits, and Malt Liquors, .. .. .				17	18 9
v. Tobacco, .. .. .				145	1 0
vi. Miscellaneous—					
1. Taxes and Public Burdens levied on Occupier, .. .. .	£54	10	11		
2. Interest paid on Bank Account, .. .. .	0	0	0		
3. Incidents (e.g. Postages, Printing, Stationery, Advertising, Conveyance, Amusements, etc.), .. .. .	397	16	8½		
				452	7 7½
vii. Salaries and Wages—					
1. Officers (viz., 1 Medical Superintendent, 2 Asst. Physicians, 1 Consulting Physician, 1 Chaplain, 1 Treasurer, 1 Clerk of Works, 1 Steward, 1 Asst. Steward, 1 Matron, 1 Asst. Matron, 1 Head Attendant, and 2 Gardeners), .. .. .	£1805	9	11		
2. Attendants and Tradesmen (viz., 30 Attendants, 1 Engineer, 1 Plumber, 1 Joiner, 1 Night Stoker, 1 Shoemaker, 1 Tailor, 1 Baker, and 1 Messenger, .. .. . a Non-Resident.	1411	11	7		
3. Nurses and Servants (viz., 30 Nurses, 1 Dress-maker, 1 Cook, 1 Kitchenmaid, 1 Hallmaid, 2 Housemaids, 1 Laundress, and 3 Laundrymaids), .. .. .	772	5	10		
				3989	7 4
viii. Institution Necessaries—					
1. Fuel, .. .. .	£805	19	7		
2. Light, .. .. .	560	0	0		
3. Water, .. .. .	258	13	2		
4. Laundry and Household Requisites, .. .. .	371	17	3		
5. Furniture and Furnishings (comprising the Outlay for the Replacement and Repair of all Furniture and Furnishings worn or destroyed in the ordinary course of Asylum Management—					
1. Household Furnishings, .. .. .	£46	12	10		
2. Ironmongery and Cutlery, .. .. .	24	1	3		
3. Bedcoverings, .. .. .	362	16	10		
4. Table Linen and Towelling, .. .. .	50	4	9		
5. Mattresses and Upholstery, .. .. .	78	0	5		
6. Carpeting, .. .. .	53	1	8		
7. Joiner-work & Cabinet-work, .. .. .	27	16	11		
8. Stoneware and Glass, .. .. .	66	2	2		
9. Minor Furnishings, .. .. .	19	6	6		
	728	3	4		
				2724	13 4
					13,783 18 3
<b>I. Farm and Garden Expenses.</b>					
i. Estimated Rent of Farm Lands, acquired by Purchase, and of Buildings and Improvements, paid by the Maintenance Account to the Providing Account, .. .. .					
				£100	0 0
ii. Pigs, .. .. .				293	4 0
iii. Implements, Manure, Seeds, Fodder, Paid Labour, etc., .. .. .				166	13 3
iv. Value of Kitchen Waste supplied to Piggery, .. .. .				26	0 0
					585 17 3
<b>II. Extra Expenses for Funerals, chargeable over and above Rate for Maintenance, .. .. .</b>					
<i>Statement of Balance in favour of Board at 15th May, 1905, .. .. .</i>					£408 4 1
Plus— On Deposit Receipt at Bank, .. .. .	£58	0	10		
Do. Do., .. .. .	5	9	8		
				63	10 6
Plus— Petty Cash on hand at Asylum, .. .. .				16	2 11½
					487 17 6½
Total, .. .. .					£14,956 10 11

## FINANCIAL TABLE III.—FARM AND GARDEN ACCOUNT.

FOR THE YEAR ENDING 15TH MAY, 1905.

RECEIPTS.										Total for the Year
Pigs Sold,	...	...	...	...	...	...	...	...	...	£640 7
Grazings Let,	...	...	...	...	...	...	...	...	...	44 14
Value of Produce supplied from Garden to Asylum—										
1. Green Vegetables,	...	...	...	...	...	...	...	...	...	187 15
2. Fresh Fruits,	...	...	...	...	...	...	...	...	...	26 0
Value of Kitchen Waste supplied to Piggery,	...	...	...	...	...	...	...	...	...	177 15
Valuation of Pigs in stock at 15th May, 1905,	...	...	...	...	...	...	...	...	...	£1076 12
Total,	...	...	...	...	...	...	...	...	...	

## PAYMENTS.

PAYMENTS.										Total for the Year
Valuation of Pigs in Stock at 15th May, 1904,	...	...	...	...	...	...	...	...	...	£180 4
Estimated Rental of Farm Lands acquired by purchase, and of Buildings and										100 0
Improvements, paid by Maintenance Account to Providing Account,	...	...	...	...	...	...	...	...	...	26 0
Value of Kitchen Waste received for Piggery,	...	...	...	...	...	...	...	...	...	
Ordinary Expenditure—										
1. Pigs Bought,	...	...	...	...	...	...	...	...	...	£293 4 0
2. Implements,	...	...	...	...	...	...	...	...	...	19 2 6
3. Seeds and Plants,	...	...	...	...	...	...	...	...	...	72 4 6
4. Fodder, Grain, Roots, and Feeding Stuffs,	...	...	...	...	...	...	...	...	...	54 0 7
5. Manures,	...	...	...	...	...	...	...	...	...	13 13 2
6. Paid Labour,	...	...	...	...	...	...	...	...	...	6 11 0
7. Incidents,	...	...	...	...	...	...	...	...	...	1 1 6
Balance in favour of Farm and Garden,	...	...	...	...	...	...	...	...	...	459 17
Total,	...	...	...	...	...	...	...	...	...	310 17
										£1076 11

N.B.—Amount of Land in Occupation of Asylum. 119 $\frac{1}{3}$  Acres, occupied thus:—  
 (1) Buildings, 2 $\frac{1}{2}$  acres; (2) Recreation and Ornamental Grounds, 25 $\frac{1}{3}$  ac;  
 (3) Woods, Roads, etc. (non-arable), 12 acres; (4) Vegetable, Fruit, and Flower  
 Gardens, 6 $\frac{1}{2}$  acres; (5) Crops, 7 acres; (6) Pasture Lands 66 acres.

JAM. E. SHAW, Treasurer.  
 JAMES HUTTON, C.A., Auditor.









AYR DISTRICT ASYLUM,  
AYR.

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THIRTY-SIXTH

ANNUAL REPORT,

1906.









Men's Villa.

Main Buildings.

Women's Villa.

New Hospital.

Isolation Hospital.

## **AYER DISTRICT ASYLUM.**







THIRTY-SIXTH  
ANNUAL REPORT  
OF THE  
AYR DISTRICT ASYLUM  
FOR THE  
COUNTY OF AYR,  
GLENGALL, BY AYR.

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1906.

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Medical and Administrative Statistics for the Year,  
1st January to 31st December, 1906.

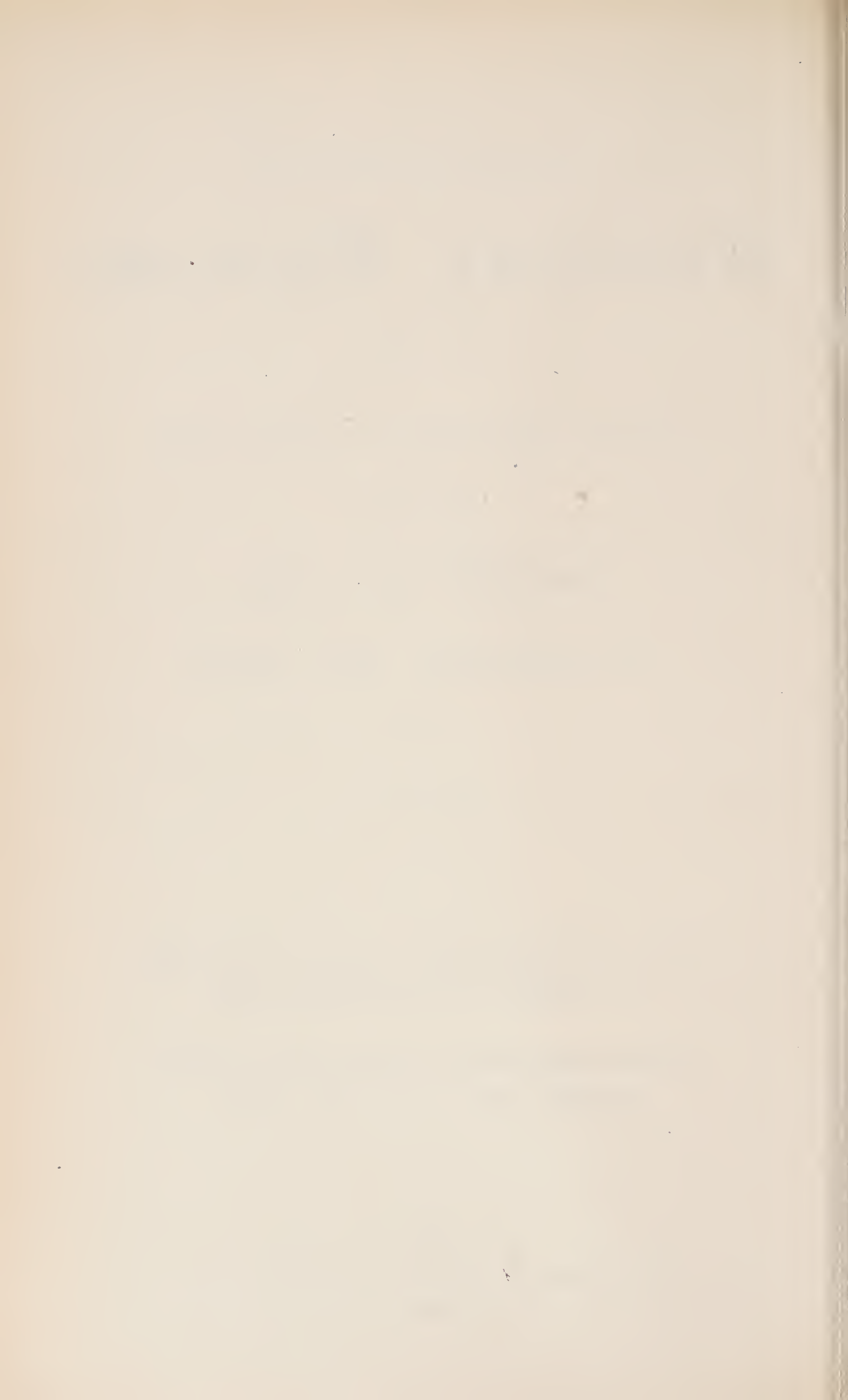
Financial and Industrial Statistics for the Year,  
16th May, 1905, to 15th May, 1906.

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AYR:

Printed by FERGUSON & COY., at the *Observer* Offices.

1907.



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# AYR DISTRICT LUNACY BOARD.

(Nine Members from the County Council, and three Members from the Royal and Parliamentary Burghs.)

---

Colonel R. M. POLLOK-MORRIS of Craig (*Chairman*).

R. M. DAVIDSON of Drumley.

\*Sir JAMES FERGUSON, Bart., of Kilkerran.

JOHN GOLDIE, Newmilns.

J. C. MONTGOMERIE of Dalmore,

R. A. OSWALD of Auchincruive.

H. M. POE, Pyperstone, Hollybush.

Colonel J. G. STURROCK, Thorntoun House, Kilmarnock.

JAMES WYLLIE, Elmslie, Baillieston.

Treasurer GEMMILL, Kilmarnock.

†Colonel H. A. VINCENT, Ayr.

Provost BORLAND, Irvine.

(Three a quorum.)

## ***House Committee.***

Colonel R. M. POLLOK-MORRIS of Craig (*Convener*).

R. A. OSWALD of Auchincruive.

Treasurer GEMMILL, Kilmarnock.

(Two a quorum.)

## ***Farm and Garden Committee.***

J. C. MONTGOMERIE of Dalmore (*Convener*).

Colonel R. M. POLLOK-MORRIS of Craig.

R. M. DAVIDSON of Drumley.

H. M. POE, Pyperstone, Hollybush.

(Two a quorum.)

*Clerk and Treasurer*—JAMES ED. SHAW, County Buildings, Ayr.

\* Since deceased.

† *Vice* Treasurer Tait, retired.

## ASYLUM STAFF.

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<i>Medical Superintendent,</i>	-	C. C. EASTERBROOK, M.D., F.R.C.P. Ed.
<i>Senior Assistant Physician.</i>	-	HAROLD E. MOORE, M.B., Ch. B.
<i>Junior Assistant Physician,</i>	-	A. R. MacINTYRE MACILRAITH, L.R.C.P.E.
<i>Consulting Physician,</i>	-	CHARLES HOLLAND SKAE, M.D.
<i>Visiting Chaplain,</i>	-	Rev. S. MARCUS DILL, Alloway,
<i>Matron,</i>	-	Miss MARGARET ALISON.
<i>Assistant Matron,</i>	-	Miss MARY CHRISTIE.
<i>Head Attendant,</i>	-	Mr JOHN A. CARNEGIE.
<i>Master of Works,</i>	-	Mr WILLIAM MORRISON.
<i>Steward,</i>	-	Mr ARTHUR J. TREMAYNE.
<i>Assistant Steward,</i>	-	Mr JAMES M'DONALD.
<i>Gardener,</i>	-	Mr GEORGE CROCKATT.
<i>Assistant Gardener,</i>	-	Mr JOHN KAYE.



# Medical Superintendent's Annual Report.

- 
- i. Medical Statistics.
  - ii. Administrative History.
  - iii. Asylum Accommodation.
  - iv. Farm, Garden, and Grounds.
  - v. Finance.
- 

MR CHAIRMAN AND GENTLEMEN,

Statistical Year  
-1st January to  
-31st December,  
1906.  
Financial Year  
-16th May,  
1905, to 15th  
May, 1906.

I have the honour to submit the 36th Annual Report of the Ayr District Asylum for the year 1906, with the Reports of the Commissioners in Lunacy for Scotland, and various Statistical Tables. The Medical Tables contain the statistics for the year 1st January to 31st December, 1906; the Financial and Industrial Tables contain the returns for the financial year, 16th May, 1905, to 15th May, 1906.

## I.—MEDICAL STATISTICS.

movements of  
population and  
results of  
treatment dur-  
ing 1906.  
(Table I.)

On the 1st of January, 1906, there were on the Asylum Register 497 Patients, of whom there were 247 men and 250 women. During the year there were 137 admissions, of whom there were 81 men and 56 women; 94 discharges, of whom there were 58 men and 36 women; and 52 deaths, of whom there were 31 men and 21 women, thus leaving on the Register on the 31st of December, 1906, 488 patients, of whom there were 241 men and 247 women, or 9 patients less than at the commencement of the year.

The total number of patients under treatment was 634, of whom there were 328 men and 306 women. The average daily number on the Register was 488, of whom there were 241 men and 247 women, the corresponding number for 1905 being 499, namely, 244 men and 255 women. There has thus been a decrease of 11 in the average resident population during 1906.

Recovery Rate  
per cent.

During the year 63 patients were discharged recovered, of whom there were 37 men and 26 women, and 31 patients were discharged unrecovered, though mentally improved, of whom there were 21 men and 10 women. The *Recovery Rate*, based on the total admissions (including transfers from other institutions, etc.), was 45.9 per cent. (men 45.6, women 46.4), and based more accurately on the receptions, or number of persons admitted directly from the community owing to the onset of a fresh attack of insanity, that is on

the number of persons certified as insane and placed under control for the first time during the existing attack, was 54·5 per cent. (men 53·6, women 56·8), a high recovery rate, considerably exceeding the average (42 per cent.) for Scottish Asylums in the previous year, 1905.

Death Rate  
moderate.

The *Death Rate*, based on the total number under treatment, was 8·2 per cent. (men 9·5, women 6·9), and on the average resident population was 10·6 per cent. (men 12·8, women 8·5), a moderate mortality rate, though slightly higher than the average (9·6 per cent.) for Scottish Asylums in 1905.

Monthly  
Incidence.  
(Table XXI.)

Nearly half of the deaths of the year occurred in the first quarter, during which the rate of admissions also was most active.

Relative  
Chargeability  
to Parishes of  
Ayrshire.  
(Table XXII.)

Of the 44 parishes of Ayrshire, Ayr and Kilmarnock with their large populations as usual sent the most patients, 21 each; and at the end of the year the parishes with most patients in the Asylum were Ayr with 100, Kilmarnock with 68, and Stevenston with 24, the remaining parishes having each less than 20 patients.

Rate of  
Insanity to  
Population in  
Ayrshire low.

The 1901 Census showed that the population of Ayrshire was increasing at the rate of 2800 a year. On the 1st of January, 1903, at which date the population of the County was estimable at 268,000, there were officially known to the General Board of Lunacy 665 insane persons chargeable to Ayrshire giving a ratio of "pauper lunacy" to population in the County during 1903 at 248 per 100,000, or 2·48 per 1000. According to similar estimates made in previous annual reports, the corresponding figures were 253 per 100,000 in 1905, 260 per 100,000 in 1904, and 265 per 100,000 in 1903, Ayrshire with its rising—and prospering—population thus showing a gradually falling ratio of its officially known rate-paid lunacy.

Amount of  
Lunacy in Ayr-  
shire treated in  
Asylum since  
its opening.  
(Table XX.)

Since the opening of the Asylum in 1869 there have been fully 4850 admissions, fully 2100 recoveries, fully 1000 non-recoveries, and 1245 deaths and there remain nearly 500 patients in the Institution.

#### A.—THE ADMISSIONS.

Admission Rate  
lower than  
usual.

The total number of admissions was 137 (male 81, female 56), which is lower than the average 149 for the last 15 years, the fall being due to the relatively small number of women admitted. As 3 men and 2 women were admitted twice during the year the 137 admissions represented 132 persons, of whom there were 78 men and 54 women. Of these 132 persons, 22 were transfers coming from other institutions and from their homes in the com-

munity, and representing mainly confirmed insane persons who had already on some former occasion during the existing attack been certified and placed under control but had never recovered. It is important to recognise that this group, which contributes nothing to the freshly occurring insanity of a community, comprises more than the ordinarily recognised "transfers" from other "establishments" for the insane. The remaining 110 persons (66 men and 44 women) or receptions represented the individuals who were certified as insane and placed under control for the first time during the existing attack, and of these 110 persons, 27 (14 men and 13 women) had suffered from one or more previous attacks of certified insanity but had recovered from them, whilst the 83 persons (52 men and 31 women) represented those who had been certified as insane and placed under control for the first time in their lives. The 110 receptions, and especially the first attack cases, really represent the newly occurring insanity in a community. It is stated by the Central Lunacy Authorities, who are in the best position to know the facts, that the number of persons placed on the register of the insane for the first time in their lives is year by year not increasing to a greater extent than can be accounted for by the increase of population, a comforting observation as it indicates that there is no undue increase in the absolutely new insanity of the country. At the same time the actual number of registered insane throughout Scotland has for many years back increased to a much greater extent than can be accounted for by the increase of population—the last Blue Book states that since 1858 the population of Scotland has increased 56 per cent, but the number of officially known lunatics has increased 200 per cent. This increase is thus mainly attributed to accumulation of the unrecovered lunacy as known to the authorities, but nevertheless does not represent the whole increase; thus all unrecovered pauper and private patients who cease to be chargeable to the rates or to be kept for profit automatically disappear from the jurisdiction of the General Board. The last census brought out the fact that there were 4816 persons of unsound mind in Scotland (224 in Ayrshire) over and above those officially known to the General Board. It is not possible by the present method of annual lunacy statistics to arrive at the total picture of the prevalence of mental unsoundness in the country; and probably the nearest approach to the truth could be attained only by retaining all certified persons on the Central Register of the Insane until they either recovered or died, and this would entail a system of notification to the central authority somewhat similar to the method of notification



of infectious disease. Notwithstanding the apparently gloomy picture of the gradual increase of the total lunacy of the country, the last Blue Book contains the comforting news that during the three years 1903, 1904, and 1905 there were signs of a retardation and even arrestment of the rate of increase of officially known lunacy, and in 1905, for the first year since 1858 when the Scottish statistics of lunacy were begun, no increase of the insane occurred in proportion to population. It is of course important to recognise that this statement refers only to officially known insanity, rate-paid and private, but it is specially satisfactory to learn that there has been an arrestment of the rate of increase of the "pauper lunacy" of Scotland, in which during past years the increase relatively to population has been much greater than in the case of "private lunacy," and therefore possibly to some extent attributable to the *res angusta domi* as has been suggested by Dr David Nicholson in England.

The following are the medical particulars relating to the 110 Receptions, the 66 men and 44 women sent into the County Asylum owing to the onset of a first or a fresh attack of insanity.

Medical  
Statistics of the  
110 Receptions.

Six Congenital  
Cases.

Six of the receptions, 4 males and 2 females, were congenital cases who had never previously been certified as insane. They comprised 2 idiots, 3 imbeciles, and 1 "moral" imbecile with no proper sense of right or wrong. All had a hereditary history of mental or nervous troubles, and presented marked evidence of physical as well as mental defects, and one of them had been the subject in infancy of an acute attack of "water in the head" (meningitis and hydrocephalus). Two of them were illegitimate children. Three of them had become unmanageable at home owing to the onset of maniacal symptoms, one was sent in owing to an indecent offence, and two were admitted owing to the death of their mothers and the want of proper guardians to look after them. Their mean age on admission was 19·5 years, and the other statistics relating to their nationality, religion, education, occupation, can be ascertained by reference to the Medical Tables.

104 Acquired  
Cases.  
Age and  
Conjugal State.  
Table II.)

As to the 104 Receptions with "acquired" insanity, 62 men and 42 women, their mean age on admission was 40·8 years (men 39·5, women 42·6), the youngest patient being a boy of 15, and the oldest a man of 82. As usual, the majority belonged to the middle period of life with its struggle and wear and tear, two-thirds of the patients being between 30 and 60 years, whilst a fourth were below 30 years, and the remainder above 60. Fifty-seven of the patients were single, 43 married, and 10 widowed. Eighty-

Nationality and  
Religion.  
(Table III.)

Education and  
Occupation.  
(Table IV.)

Causes and  
Kinds of  
Insanity.  
(Tables V., VI.,  
VII. and VIII.)

The neurotic  
constitution  
the essential  
etiologic basis  
of insanity in  
the individual,  
may be  
inherited or  
acquired, and is  
demonstrable  
in every insane  
person before  
the attack if  
the facts are  
carefully  
investigated.

five were of Scottish, 13 of Irish, 5 of English, and 1 of Polish nationality; and 75 were Presbyterians, 24 Roman Catholics, 4 Episcopalians, and 1 Congregationalist. The majority, 77, had received a moderate (primary) education; 12 were well educated, and 2 had received a professional education; but 8 were able to read only, and 5 women were unable to read at all. The occupations of the acquired cases were, following the Registrar General's classification, industrial in 50 instances, domestic in 30 (all women), commercial in 10, agricultural in 9, professional in 4, and unproductive or "retired" in 1 case.

*The Causes and Kinds of Insanity.*—The Receptions of 1906, in every instance without exception, presented distinct evidence of the possession of a neurotic or neuro-insane constitution, which in my experience is the essential etiologic basis of insanity in the individual. A careful enquiry into the antecedent life-history of each patient, his temperament, and habits, and previous health, specially any earlier manifestation of nervous or mental significance or some minor congenital defect, an investigation of his physique and of any so-called "physical signs" of degeneracy (evidence which should always be scrutinized with caution, for it involves an assumption from the bodily to the mental, and an isolated "stigma" is usually of unimportant significance, and, indeed, may frequently be met in exceedingly capable people), and finally an investigation of the family history for any evidence of inherited potentialities or tendencies in the patient himself (evidence which has to be received with still greater caution because of the still greater assumptions involved), a collective investigation then of these various data of evidence in the case of each patient showed that in no instance could there be excluded, prior to the actual attack of insanity, the existence of a morbidly reacting brain in the patient himself, the outcome either of faulty inheritance from parents and ancestry, or of faulty modes of living, or of previous disease experiences, or of these combined. Specially important, because of its frequency as well as its direct significance as to the mode of reaction of the nervous system, was the evidence yielded by the temperaments of the patients. How often do we hear it said, with wise noddings, when some unfortunate "goes off his head," "Oh! so and so was always a little 'queer,' or 'funny,' or 'peculiar.'" But why be wise after the event? Why not prevent the sad climax? It is not sufficiently realised by the public, nor by the profession for that matter, that not only the person who is "queer" or "funny" or "peculiar," but also the person who is ordinarily said to be nervous excitable or highly strung, irritable passionate or bad-tempered, unduly sensitive



reserved or moody, unduly suspicious apprehensive or asocial, or again unduly susceptible to the attraction and action of alcohol, to mention some of the more common examples of atypical temperament, are persons with an abnormally reacting nervous system, the only favourable soil for the cultivation of insanity, persons whose abnormal reactivity might have been wholly or largely prevented by intelligent observation and careful upbringing in the tender years of educability and by continued observance of the laws of health in later years, persons however who, having what they have, and being potential subjects for psychosis or neurosis, must so far as is within their power avoid all causes which will tend to throw an undue stress on their nervous system, persons in short who must live more quietly and more carefully than their fellows if they would avoid a breakdown.

The relative frequency of the various data of evidence of the neuro-insane constitution in the receptions of 1906, excluding the congenital cases, was as follows—morbid temperaments 78 per cent., hereditary tendencies or potentialities for nervous and mental disorders 64 per cent., previous attacks of neuroses and psychoses 59 per cent., morbid habits 56 per cent., and physical signs of degeneracy 41 per cent. In most cases two or three of these data were combined in each individual, and in no instance was there not at least one datum well marked. It also may be mentioned in connection with the family histories of the receptions, which were ascertained in 100 cases, that in addition to the history of neurosis and psychosis amongst the near relatives in 64 per cent., there was a history of shocks of paralysis or apoplexy in 12 per cent., of tubercle or consumption in 15 per cent., of cancer in 11 per cent., of heart disease in 9 per cent., and of rheumatism and of kidney disease each in 6 per cent.

As to the kinds of insanity exhibited by the receptions, apart from the congenital cases already referred to, the great majority of the patients, 75 per cent., (41 men and 34 women), suffered from what may be termed the constitutional insanities, in as much as the neuro-insane constitution as evidenced by the foregoing data, was the all important factor in each case, although other factors, as is the case in nearly every cataclysm of insanity, were present which helped to light up the insanity in the predisposed individuals, factors which do not light up insanity in ordinary persons with a stable nervous system, although they may in time lower the resistance of that nervous system and so render it liable to a breakdown. Such factors were worry, anxiety and affliction, overwork, exhaustion, privation,

Hence the importance of the recognition of these facts for the prevention of insanity.

All other or "exciting" factors of insanity "cause" the insanity only in neurotic individuals. No person becomes insane without previously being or becoming neurotic.



alcoholic and other excesses, shock and injuries, and here also may be mentioned those mysterious deleterious influences which are thought by some to be associated with the natural physiologic conditions of development and decadence incidental to all living human beings. The constitutional insanities were represented chiefly by mania and melancholia, delusion and hallucination, and by morbid mental evolutions from pre-existing epilepsy, hysteria, hypochondria, and a case of St. Vitus's dance in a middle-aged woman.

Another group of patients suffered from general paralysis of the insane, a disease of the nervous system with marked or "gross" structural changes, namely 11 persons (9 men and 2 women), representing 10 per cent, (men 13.6 and women 4.5), of the receptions, the largest percentage of this increasing disease in either sex that has occurred during the past five years at Glengall. The neurotic constitution was similarly present in these cases.

Finally, there was a group of patients whose insanity was associated with conditions of toxæmia or poisoning within the system, comprising mainly 14 cases of alcoholic insanity proper (10 men and 4 women). In none of these was the neuro-insane constitution absent. There is much loose talk at present, based on one-sided and insufficient evidence in my opinion, about the toxic causation of insanity. I readily admit that toxæmia or poisoning of the nervous system, arising as the result of disease or bad habits or in any other way, is an important factor in the causation of insanity; but it is only one of many other factors, and like the latter lights up an attack of insanity only in a predisposed individual, and does not "cause" insanity in the absence of a neuro-insane constitution inherited or acquired. Take the case of one of the patients of this group who became insane while convalescing from an attack of acute pneumonia, a small slightly built woman, with sharp delicately cut nervous features, of excitable quick temper, who had been the subject of migrainous headaches off and on for years, and whose father and brother were distinctly neurotic; the former had died also of paralysis. Was not the neurotic constitution of this woman as important a factor as the pneumonia in the causation of her insanity? Surely more important. For if not, one may well ask how it is that pneumonia, a very common disease, is not responsible for more insanity. And yet the adherents of the toxic school will reply not only that the pneumonia may "cause" the insanity, but also that insanity may often be cured by an attack of pneumonia, erysipelas, or other febrile

infection. The mere fact that a fever may be both hurtful and beneficial almost suggests that the insanity is mainly dependent on some other factor. Then again take the cases of alcoholic insanity who formed the bulk of the toxic group of the receptions of 1906, and who were diagnosed as suffering from alcoholic insanity proper by the characteristic bodily and mental features of alcoholism combined with a history of excessive drinking. Alcoholic insanity is pointed to as furnishing the direct experimental proof of the toxic theory of insanity, and yet all the above alcoholic patients presented distinct evidence of neurotic constitution. And is it not well recognised, even by the laity, that many persons seem to be able to consume vast quantities of alcoholic refreshment without breaking down in their nervous systems, although sooner or later the doctor has to be called in to patch up if possible a badly used stomach, liver, or kidney. Those who would attribute to the elusive factor of toxæmia an all important influence in the causation of insanity are deliberately shutting their eyes to signs which "he who runs may read."

The cases of alcoholic insanity represented 12·7 per cent. of the receptions, or 15·1 per cent. for the men and 9·9 for the women. This is the lowest return for alcoholic insanity during the past five years. Surely the "wave of temperance" is flowing over Ayrshire.

It remains to be said about the receptions of 1906, that many had exhibited suicidal and homicidal tendencies before admission, suicide having been meditated by at least 28 persons and attempted in various ways by another 11, whilst homicidal assaults were attempted by 16 persons and threatened by other 30. The grade of bodily and mental reduction on admission was serious in the majority of cases, entailing much nursing supervision and responsibility on the part of the staff in the admission and sick wards. Eighty-four per cent. of the receptions had been less than six months mentally ill at the time of admission; and the prospect as to mental recovery was good in 55 per cent., doubtful in 30 per cent., and bad in 15 per cent.

#### B.—THE DISCHARGES.

There were in all 94 discharges during the year, representing 94 persons, 58 men and 36 women. The number of discharges slightly exceeded the average 90 for the past 15 years. Of those discharged, 63 persons (37 men and 36 women) were recovered, and 31 (21 men and 10 women) unrecovered though improved mentally, 17 of the latter being removed to the care of relatives or guardians in the community, and 14 to other institutions. The high re-

Suicidal and  
Homicidal  
Tendencies.  
(Table IX.)

Bodily and  
Mental  
Reduction.  
(Table X.)

Duration of  
Illness.  
(Table XI.)



The Recovery  
Rate for the  
Year 54·5 per  
cent.

covery rate already referred to is a specially satisfactory feature. The disparaging statement is sometimes made that only 40 to 50 per cent. of those sent to Asylums for treatment ultimately recover, and the pessimistic conclusion is apt to be formed that mental affections are mainly incurable. The fact is quite overlooked that fully one half of the freshly occurring mental disorder of the community—there are reliable statistics in support of this statement—is recovered from before the asylum stage is reached, and that it is only the other and worse half that enters asylums and similar institutions for the insane; and surely it is creditable to the latter that they are able to restore to the community 40 to 50 per cent. of those who, through an unfortunate brain disorder, had been found egregiously incompatible with society.

Age on  
Recovery,  
Duration and  
Diagnosis.  
Tables XII.  
and XIII.)

The mean age on recovery was 38·7 years (men 38·0, women 39·7), and with the exception of two girls under 20 and 2 men and 2 women over 60 all who recovered were between these ages. The total duration of the illness was less than six months in 60 per cent., between six months and two years in 29 per cent., and more than two years in 11 per cent. The duration of the illness before admission to the Asylum had been less than six months in 89 per cent., and between six months and two years in the remaining 11 per cent. The length of treatment in the Asylum was less than six months in 65 per cent., between six months and 2 years in 25 per cent., and more than two years in 10 per cent. The kinds of insanity suffered from were mainly, in 50 cases, those of the constitutional group, comprising chiefly mania, melancholia, and delusional and hallucinatory insanity. The remaining 13 patients who recovered suffered from insanity which had been precipitated by undue intoxication of an unstable nervous system and were represented chiefly by 11 alcoholic cases.

#### C.—THE DEATHS.

Death Rate  
Higher than the  
Average  
Amongst the  
Men, lower  
Amongst the  
Women.  
Tables XV.,  
VI. and  
VII.

The number of deaths during the year was 52, men 31 and women 21, giving a percentage of 10·6 (men 12·8, women 8·5) on the average resident population, which slightly exceeds that of the Royal and District Asylums of Scotland during 1905, namely, 9·8 per cent. (men 9·7, women 10·0), and was thus higher in the case of the men and lower in the case of the women than the average for each sex. The proportionally low death rate amongst the women was probably an after result of the large number of deaths of debilitated old women during the previous year. The proportionally high death rate amongst the men was due to an increased percentage of deaths from



heart disease and tubercle, which, with general paralysis, were the most frequent causes of death in both sexes. Of the 52 deaths, 12 (23 per cent.) were from heart disease, 11 (21 per cent.) from tubercle, 9 (17 per cent.) from general paralysis, and the rest from various other causes, in all cases natural, and in all instances or 100 per cent. the cause of death was verified by post-mortem examination. The proportion of deaths from heart disease, tubercle, and general paralysis has in each instance exceeded the figures for the previous year, in which these diseases were likewise the most frequent causes of death. In the past tubercle has been responsible for a smaller percentage of deaths at Glengall than the average for Scottish Asylums, but during 1905 and 1906 has through the overcrowding shown an increase, an increase however that will in all probability be reduced within the next year or two, now that the tubercular patients have been isolated in the specially provided consumptive wards of the New Hospital. The mean age at death was 52·2 years (men 47·4, women 59·4), a fall from the 57·3 years of 1905. As regards the kinds of insanity of those who died, with the exception of 9 general paralytics and 6 congenital idiots and imbeciles, the patients were mainly constitutional cases suffering from mania, dementia, and epilepsy. At the time of death 20 per cent. had been ill mentally for less than six months, 15 per cent. for from six months to two years, and 65 per cent. for more than two years, and most of the latter were confirmed residents of many years' standing.

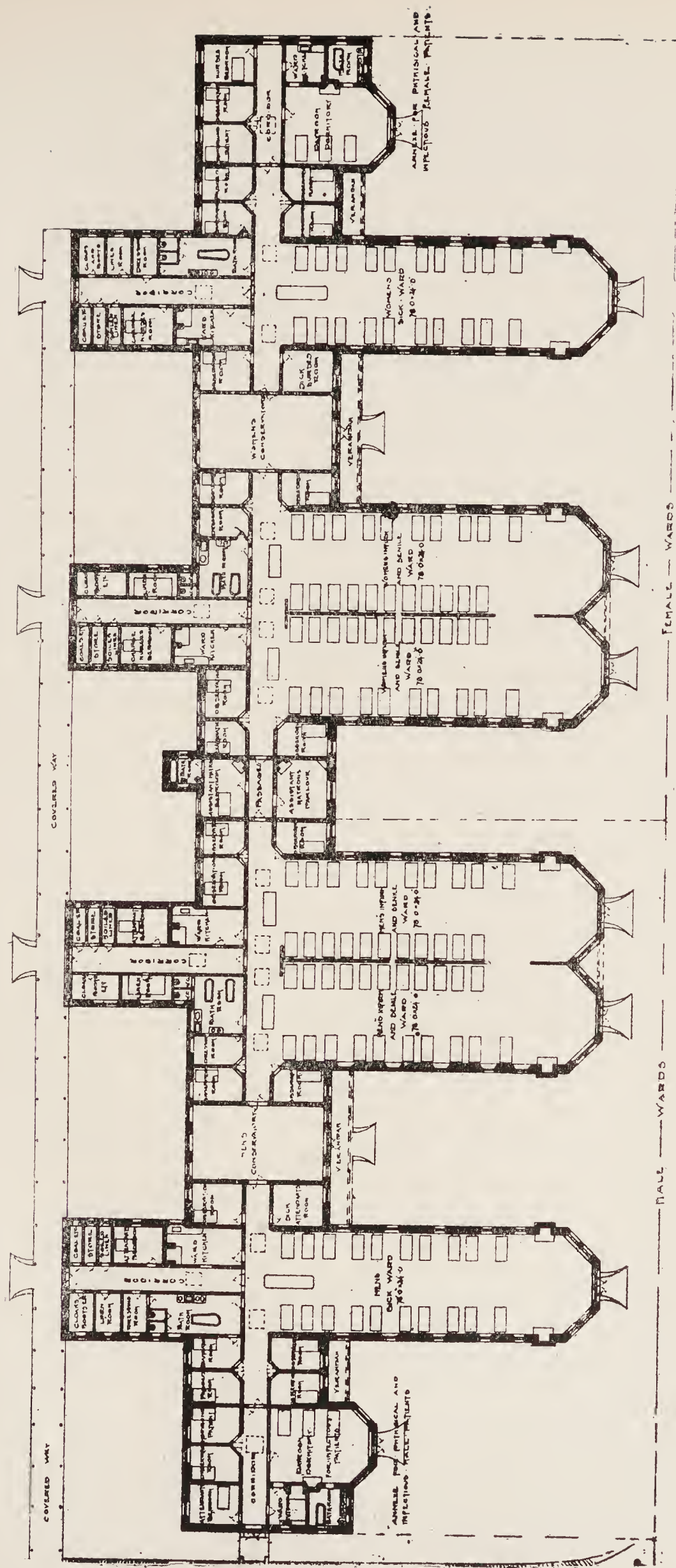
General  
Health.

Apart from the increased mortality from tubercle above referred to, two cases of measles in two girl patients in the first quarter, two cases of erysipelas in the second quarter, and a few cases of influenza in the last quarter, the Institution was free from zymotic diseases.

#### D.—RESIDENT POPULATION.

Residents.  
(Tables XVIII.  
and XIX.)

The average resident population during 1906 was 188, a fall of 11 as compared with the number (499) for 1905. The movement of population was more active in the men's division than in the women's, the figures for the admissions, discharges, and deaths being respectively 81, 58 and 31 for the males, and 56, 36, and 21 for the females. The fall in the average resident population was due to a lowered female admission rate, combined with an increased male death rate, and a slightly increased discharge rate for both sexes. During the past two years there has been a fall in the average resident population of 27, which is a matter for congratulation in view of the steady increase in the



PLAN OF NEW HOSPITAL—1905-06.





• AYR • DISTRICT • ASYLUM • NEW • HOSPITAL •



population from 318 to 517 during the previous 15 years, which led to the serious overcrowding of the Institution.

## II.—ADMINISTRATIVE HISTORY.

### A.—THE PATIENTS.

The chief event of the year in connection with the administrative arrangements has been the removal of the patients from the former admission and sick and infirm wards of the Main Buildings to the wards of the New Hospital, and the rearrangement of the patients in the Main Buildings, in which it has now become possible to provide the requisite floor space per patient, and to properly adjust the balance between the day and the night accommodation. These changes were carried out by degrees during the months of September, October, and November, according as the new wards left the hands of the painter. The patients and staff, after the initial excitement of the "fitting," soon settled in their new quarters, which are a great improvement on the former, and admirably meeting the requirements for which they are intended. A short description of the Hospital follows later, but as regards the character and treatment of its inmates it will suffice to say that the building contains all the newly admitted patients from the County, and all the sick and infirm, old and helpless, phthisical and infectious patients of the Institution; and that a main feature of treatment, especially of new cases, is the combined "open air" and "rest" cure, or sanatorium treatment of insanity, the patients who are benefited by rest in bed lying for several hours daily in open verandahs facing the south. Rest in bed and the fresh air are Nature's potent calmatives and restoratives for the disordered brain, the "mind diseased," whatever other remedies may be employed, and they are the best means of minimizing the use of sedatives and hypnotics, and of avoiding the employment of seclusion and mechanical restraint which fortunately have not been necessary in the Institution for some years. Phthisical patients who are confined to bed are similarly treated in the open air in separate verandahs. All new patients are treated in the Hospital until they become sufficiently convalescent and trustworthy to go to the two convalescent Villas (men's and women's), the half-way homes, which are conducted on ordinary "open door" lines. Those patients who do not progress towards convalescence in the Hospital, or are incapable of further benefit there, or are for any other reason unsuitable for continued Hospital treatment are, if trustworthy, also sent to the villas, otherwise to the main

buildings, which form the Asylum proper for the supervision, care, and treatment of patients who are more or less able-bodied, untrustworthy and chronic.

Gifts and  
Entertainments

Apart from the above changes there has been no essential alteration of the arrangements relating to the dietary, clothing, employment, religious ministrations, amusements and recreations of the patients. In connection with the amusements the kind gift of a handsome graphophone with records by Sir Tollemache Sinclair has afforded much pleasure to the patients during the year, and various outside friends of the Institution have kindly given entertainments which were much appreciated by all. Such entertainments were given in March by the Ayr Vaudeville Society, and by Mr Turnbull and the pupils of Alloway Public School, and in November by a party from Ayr organised by the Misses M'Hardy and Mrs James Shaw. Our thanks are also due to various members of the Board who from time to time or annually send gifts of a more personal nature which, though usually not referred to, are none the less warmly appreciated by the patients.

#### B—THE STAFF.

Changes.

Dr G. Rutherford Jeffrey was promoted to the post of senior assistant physician at the Crichton Royal Institution, Dumfries, and Dr D. Ashley Wilson left us to assume a partnership in private practice in England. Both gentlemen, to whom I was much indebted for their able and loyal services to the Institution, left in October to the regret of patients and officials by whom they were much liked. Dr Harold E. Moore and Dr A. R. MacIntyre MacIlraith were appointed to the vacancies.

Miss E. G. B. Lockerbie, assistant matron, received well deserved promotion to the matronship of Wye House Mental Hospital, Buxton; and Miss Mary Christie, who received her training at Aberdeen Royal Infirmary and the Longmore Hospital, Edinburgh, was appointed to the vacancy.

Mr Tremayne, assistant steward at the Royal Edinburgh Asylum, was appointed to the post of the former House Steward who resigned.

Our chief garden attendant was promoted to the post of gardener to a Parochial Asylum in Paisley. The changes amongst the other officials were small, and limited to the juniors. All except five resigned voluntarily, for such reasons as illness, marriage or change of occupation. The five dismissals were for absention without leave in three cases, insubordination in one case, and for concealing the fact of dismissal from another asylum in the remaining case.



Morison  
Prize for a  
Langall Nurse.

Nurse Agnes Young, who has been 28 years in the service of the Asylum, brought honour to the Institution and many congratulations to herself, by being awarded one of the Morison Prizes "for long and meritorious attendance on the insane." The award is made by the Morison Lecturer of the Royal College of Physicians of Edinburgh, who last year was Dr Ford Robertson, Pathologist to the Laboratory of the Scottish Asylums, a Laboratory which though just in its tenth year has already made itself famous throughout the medical world for the value and careful nature of its work on the pathology of general paralysis and other diseases, and worthily justifies the financial support which it receives from the Managing Boards of the Asylums of Scotland.

Mental Nursing  
Certificate.

Three nurses and 2 attendants passed the May examination for the Mental Nursing Certificate of the Medico-Psychological Association of Great Britain and Ireland. Twenty-one attendants and nurses have now been trained at the Asylum and gained their Certificates during the past three years.

### III.—THE ACCOMMODATION AND ADDITIONS.

The completion of the new Hospital and Administrative Block has been the event of 1906. The latter was occupied on the 19th of September. The first stone of the Hospital was laid on the 24th of February, 1905, and the first ward was occupied on the 22nd of September, 1906. The addition of the Hospital raises the total accommodation of the Asylum to 650 beds (for patients), which should serve the needs of the County for at least ten years, and probably longer in view of the fall in the resident population during the past two years. The 650 beds are distributed as follows:—The Main Buildings 368 beds, the two Villas 104 beds, the new Hospital 154 beds, and the Isolation Hospital 24 beds.

The New  
Hospital.

The Hospital serves as the reception-house, sick-room, infirmary, and sanatorium of the Institution. It is a one-storeyed building, situated on high ground to the north and east of the main buildings, is sheltered from the east and north by a belt of trees and higher ground beyond, and faces the south. It extends for 120 yards from east to west, is built on the same level throughout, and consists of (a) four main wards running forwards towards the south, with four corresponding north wings which form the main entrances of these wards for everyday traffic and are joined to one another by a covered way open at the sides; and (b) two annexe wards forming the east and west extremities of the building. Passing from east to west there are



traversed in succession :—(1) the women's phthisical and infectious annexe with small south verandah, containing a ward for 3 beds with kitchen and bath-room, 2 observation or isolation rooms, and a nurse's bedroom. (2) The women's reception ward with north wing, containing 20 beds in the body of the ward, 6 observation rooms kitchen and bath-room at the north end of the ward, and parlour space at the south end. (3) The women's conservatory or winter-garden with large south verandah. (4) The women's infirm ward with north wing, a large double ward with central partition, containing 40 beds in the body of the ward, 6 observation rooms kitchen and bath-room at the north end, and parlour space at the south end. (5) The assistant matron's quarters (parlour south, bedroom and bathroom north) at the centre of the building. (6) The men's infirm ward with north wing, resembling the corresponding women's ward. (7) The men's conservatory or winter garden with large south verandah. (8) The men's reception ward with north wing, resembling the corresponding women's ward. And finally (9) the men's phthisical and infectious annexe with small south verandah. It will thus be seen that the hospital is divided by the assistant matron's quarters at the centre into two symmetrical and opposite halves, each half consisting from centre to east or west of a double infirm ward, a conservatory, a reception ward, and a phthisical and infectious annexe. All the wards are 14 feet high; 100 square feet of floor space or 1400 cubic feet of air space are allowed per patient in each main ward for dormitory, day-room and dining-room space. The observation or isolation rooms have 90 square feet of floor space and 1200 cubic feet of air space. In the annexe wards each patient has 150 square feet of floor space or 2100 cubic feet of air space. Each north wing contains an entrance corridor opening at one end into the body of the ward between the bathroom and kitchen and at the other end to the covered way outside. Opening on the two sides of this corridor are (1) cloak and boot room next to the outside door, (2) coal cellar next to the outside door, (3) closet for pails, brushes, and floor polish, (4) closet for soiled linen, (5) napery and clothing store, (6) charge nurse's bedroom, (7) ward kitchen, which also opens by another door directly into the body of the ward, and (8) undressing room for newly admitted patients, which opens by another door into the ward bathroom, which again has two other doors, one leading directly into the body of the ward, and the other leading into one of the observation rooms, which serves the purpose of an examination room in the case of new patients, and is also used on bathing days as a dressing room. The

essential principle carried out in the internal design of each ward is facility of supervision and working. The point of distinction in the nursing of insane patients in hospital wards as compared with ordinary patients in hospital wards, is that the supervision of the former must be constant and vigilant. In the case of a general hospital ward the nurse on duty can often safely leave her ward for a few minutes to go say to the kitchen, bathroom, napery store, etc. In the case of a mental hospital ward in which there are always some untrustworthy patients, the nurse on duty can never safely leave her ward in this way. For this reason, as well as to ease the work of the ward, the kitchen, bathroom, and observation rooms (which for the sake of quietness in the ward are partially detached from it and open on to short passages) have been grouped together at the north end of the ward and are directly accessible to the nurse on duty, who therefore never requires to leave her ward, the napery for immediate use, medicines, dressings, etc., being contained in a ward cabinet specially constructed for the purpose. The dining tables for those patients who are not in bed are usually placed at the end of the ward next the kitchen, but for variety may be arranged at the parlour end of the ward, or in the conservatory, or in the garden which is accessible from the south ends of all wards and conservatories. The conservatories are intended for the use of all patients who are able to be out of bed but owing to stress of weather are unable to be out of doors. All the wards are staffed by nurses except the men's reception ward which is staffed by attendants but the male patients are freely interchanged between the reception and infirm wards according as their symptoms indicate that they will be more suitably nursed by men or by women. Under ordinary circumstances each of the four main wards has a day staff of four and a night staff of one, or twenty in all; and the annexe wards are usually administered as a part of the reception wards and by the same staff; but if necessary they can be entirely shut off and administered as independent self-contained units. The design of the wards enables the hospital to be administered with a relatively small staff.

The ventilation is mainly natural aided by extraction fans driven by electricity. The heating is by hot water at low pressure on the Reck patent circulator system. The lighting is by electricity. The fire arrangements of each ward comprise water buckets, internal hydrant and hose, electric fire alarm signalling apparatus, and a four-inch water main with external hydrants surrounds the whole building. The water supply and main sewer are connected to the corresponding systems of the Asylum. The chief



cooking and washing are done in the Asylum kitchen and laundry.

The Hospital is a substantial building in stone and brick, and the total cost of construction and fittings has been £100 per bed, half the cost of similarly built asylum hospitals, the main explanation being (1) the design, which has avoided all superfluous reduplication of accommodation in a mental hospital forming part of an asylum and intended only for the use of patients requiring hospital treatment. Thus there are no main kitchen, no main dining-room, and no special dayrooms or dormitories apart from the wards themselves, and consequently the considerable cost of constructing and fitting these and of furnishing them, and of maintaining their fabric and furnishings in the future has been saved. Again, the infirm patients of both sexes have for several years past been usually twice as numerous as those undergoing treatment in the reception wards. Had four infirm and senile wards been built instead of the two double wards with central partition, it is obvious that there would have been incurred a considerable increase in cost as regards original building (e.g. four outside walls and two north wings extra), future upkeep, and permanent strength of nursing staff. (2) The other causes which have contributed to the moderate cost per bed have been careful supervision by the architect, the adoption of the "Reck" system of heating, the use of the Asylum branch railway, and keen competition at the time of the placing of the contracts.

The  
Administrative  
Block.

The new Administrative Block for the whole Asylum adjoins the Hospital, and contains two large rooms, one of which at the south end serves as Board Room, Medical Superintendent's office and Medical Library, and the other at the north end as Lecture Room for the staff; also Assistant Physicians' office, and business waiting room; surgery and dispensary, clinical research room, and room for electrical treatment; and quarters for one assistant physician and an attendant. The old Board room, doctors' office, and dispensary are now used respectively as medical mess room, steward's office and head attendant's office.

#### IV.—FARM, GARDEN AND GROUNDS.

The Weather of  
1906 at Glengall.

The weather at Glengall during the first quarter of the year was very wet. April was a fine dry month, with night frosts, and cool winds by day and much bright sunshine. May was rainy. In June and the first fort-



night of July there was lovely summer weather. The rest of the the year was generally wet and unsettled, with the exception of the first and second of September when the heat wave passed over Ayr, and the last fortnight of the same month when there was fine weather for the harvest and the races; and finally in the last week of the year came the great snow-storm of 1906 and severe frost. The garden yielded a good supply of vegetables, fruit, and flowers, being increased to ten acres by the addition of the piece of land surrounding the septic tank and filter beds. The continuation of the walk round the Asylum fields, and the laying out of the grounds at the new Hospital were the chief operations on the estate, and with the ordinary garden work have provided abundant outdoor employment for the patients. Some more thinning has been done in the plantations, in which the trees are already showing distinct signs of improvement.

#### V.—FINANCE.

A reference to the Financial Tables which refer to the year 16th May, 1905, to 15th May, 1906, will show the chief items of expenditure.

Financial  
Table I.

Under Providing Account, the chief expenditures apart from those shown under the head of Loans, were for Asylum Buildings, Additions, etc. (Head II.) and included :—£12,140, the main cost of the new Hospital, this amount being made up of sums charged under all of the eleven sub-heads of Head II.; £1400, the balance of account for the electric lighting of the main Asylum; £915, the balance of account for the railway siding, signal box, etc., charged under the head of improvement of grounds; £270 for the boiler house extensions (workshops, etc.), carried out in 1905 and charged under the head of mason; and £217 for the electrical fire alarm system also introduced in 1905 and charged under the head of plumber. The remaining charges under Head II. represent the ordinary repairs of the fabric and plant of the Institution.

The total expenditure under Providing Account on the Asylum since its origin in 1869 up to the 15th May, 1906, including everything, namely lands, buildings, farm, furniture and furnishings, interest on loans, and miscellaneous expenses, was £160,415 6s 1d, which divided by 650, or the proper day and night accommodation for 650 patients and the accompanying staff, gives £246 15s 10d

as the total cost per bed up to that date, which of course includes all expenditures for upkeep and repairs to the plant and fabric since 1869. With a view to the extension of the fire insurance to cover the recent additions, all the buildings on the estate were carefully measured by the Clerk of Works and re-valuated at £79,385.

Financial  
Table II.

Under Maintenance Account the chief items of expenditure are indicated in Financial Table II. The balance of £487 in favour of the Board at 15th May, 1905, increased to £1752 at 15th May, 1906, and as the balance continued to increase in the same direction, the maintenance rate was reduced at the middle of the current financial year (15th November, 1906), from 10s 6d to 10s per week, or £26 yearly per patient. And here it may be mentioned that owing to the present spare accommodation in the Institution, private patients will again be received, as they were up to thirty years ago, the rates being 10s and 12s 6d per week, or £26 and £32 10s per annum, the relatives also supplying the clothing. The object of these rates is to put it within the power of the people of Ayrshire to remain independent of parochial relief when their relatives become mentally afflicted.

Financial  
Table III.

Under Farm and Garden Account, there was a goodly profit of £370 12s 11½d derived mainly, as formerly, from the piggery.

Commissioners'  
Visits.

Commissioners Dr Fraser and Dr Macpherson visited the Asylum in April and October, and their reports are appended.

And lastly to all members of the staff my acknowledgments are due for their loyal co-operation and unwearied efforts in the work of the Institution.

At the moment of writing the sad news has come of the tragic death in the earthquake at Jamaica of Sir James Fergusson, for many years a valued member of the District Board. His loss has come upon us as a calamity. Sir James paid his last visit to Glengall just before he left for the West Indies. He came as he always came, in sunshine or in rain, on his bicycle. He walked through the wards, with a cheery smile for one, a sympathetic word for another, and always a kindly notice of the staff. His visits were much appreciated, and the older patients will miss his kindly thought of them at Christmas. No longer will each receive the always looked forward to Christmas Card. Greatly will he be missed by us all at Glengall.

For the continued support and confidence of the Board  
I am truly grateful.

I have the honour to be,

Mr Chairman and Gentlemen,

Your obedient Servant,

C. C. EASTERBROOK, M.D., F.R.C.P., Ed.

*Medical Superintendent.*

Presented 22nd January, 1907.





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# REPORTS

BY

H.M. THE MEDICAL COMMISSIONERS IN LUNACY

FOR

SCOTLAND.

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Ayr District Asylum,  
4th and 5th April, 1906.

There were on the 4th inst. 493 patients on the register of the Asylum in the proportion of 245 males to 248 females. None were absent on pass or probation, and consequently all were seen in the course of the visit and afforded an opportunity of making any statement desired. The following changes in the population have occurred during the period which has elapsed since the date of last report, 6th July, 1905.

				Pauper Patients.		
				Males.	Females.	Total.
Admitted,	...	...	...	70	43	113
Discharged recovered,	...	...	...	26	20	46
Discharged unrecovered,	...	...	...	14	7	21
Died,	...	...	...	32	24	56

The above statement shows a decrease of 2 men and 8 women in the number on the register. Of the 21 discharged improved or unrecovered 10 were sent to the care of relatives, 1 was boarded out with a selected guardian and 10 were transferred to other establishments for the insane. It is understood that Dr Easterbrook gives every encouragement to parochial officials to remove harmless and easily managed patients to domestic or private care. In his reports to Parish Councils on the condition of the inmates chargeable to them, he indicates those who in his opinion should have a trial outside the Asylum, and if Inspectors of Poor freely and efficiently co-operate in this movement much will be done to prevent an undue accumulation in the Asylum population.

The rate of mortality has been high, but all the deaths were the result of natural causes. These are registered as heart disease in 16 cases, general paralysis in 10 cases, phthisis pulmonalis in 6 cases, exhaustion from acute mania in 6 cases, senile decay in 5 cases, gross brain lesions in 2 cases, and cancer, gangrene, and acute pancreatitis, each in one case. Forty-three per cent. of the deaths were of patients who were admitted during the last and present years, a fact which points to their low physical health and condition on admission. Post mortem examinations followed the deaths in the very creditable proportion of 98.2 per cent., the cause of death being unverified in this manner in one instance only. The records of these examinations continue to be well and intelligently kept, and the medical case books show that the mental and bodily condition of the patients are carefully studied and that the clinical work done in this Asylum is of a high standard.

There has been no employment of either mechanical restraint or seclusion in the treatment of the patients. Two

casualties are recorded, a dislocation of right shoulder, and a fracture of the neck of left femur, both sustained from slipping on the floor. One patient had escaped who was absent for a night before being brought back.

The changes in the nursing staff have been as follows:— 8 Attendants and 10 Nurses have resigned; 4 Attendants and 1 Nurse have been dismissed; 1 Nurse has died; and 11 Attendants and 12 Nurses have been engaged. The dismissals were in 2 instances on account of intemperance; in 2 instances for breaches of discipline, and in 1 instance for concealing his dismissal from another Asylum. The ratio of the day staff to patients is 1 to  $10\frac{1}{2}$  on the male, and 1 to 10 on the female side. The proportion of those on night duty is 1 to 40, which indicates a night staff of adequate strength. Lectures on first aid and nursing are regularly given to the Attendants of both sexes, 16 of whom have gained the mental nursing certificate which carries with it increased remuneration. The accommodation of the junior staff has been greatly improved by converting two long Dormitories over the wings of the present administrative sections into good sized cubicles. There are 14 for the Attendants and 18 for the Nurses. A bathroom and lavatory adjoin each set of cubicles.

Two small conveniently situated Dormitories are to be furnished as sitting rooms for the staff. The mess rooms on the ground floor and the cubicles and sitting rooms above constitute comfortable "homes" for the Attendants and Nurses.

Except in very few instances the patients were quiet and contented. Speaking generally there was a tranquility and restfulness which is very much to be commended. The clothing of both sexes was in good order, that of the women was especially satisfactory both as to material and appearance. The patients bore every evidence of being well fed and well cared for. There were no complaints calling for observation and the appeals for discharge were not numerous. The dinners seen during the visit were excellent in quality and sufficient in quantity, and with one exception were appreciated by the patients. There were 64 inmates or 13 per cent. of the resident population confined to bed, a large proportion of whom were suffering from the infirmities of old age. There is at present one case of erysipelas and there have been two cases of measles; otherwise the Asylum is free from diseases of a zymotic character.

The record of employment is as regards both sexes satisfactory, the percentage of the men being 67 and that of the women 71. There are 74 men daily engaged in healthy outdoor work in the garden and grounds. It was noted with approval that the ditch near the sewage filtration works was in process of being filled in, large earthenware



pipes having been laid to convey the water. The forming of the grounds around the new hospital and the levelling of the cricket field will afford the men suitable work for some time. Associated entertainments are liberally provided, there is a dance twice a week, and concerts and dramatic performances are occasionally given. Illustrated papers, magazines, and books are regularly supplied for the use of the patients, as well as indoor games, such as cards, draughts, etc.

The various wards were in excellent order, the condition of the dormitories and bedding being also very satisfactory. The removal of patients to the new hospital will allow of the repainting of certain sections which stand in need of renovation. Electric light has been in use for some months and is proving advantageous in every direction. Electric push bells have been introduced throughout the Asylum, and by them an alarm of fire can be given and its site indicated. The fire extinguishing arrangements appear to be as complete as it is possible to make them.

Good progress has been made with the new administrative building and the new hospital, and it is expected that they will be ready for occupation at no distant date. Both buildings are neat and pleasing externally, and it is evident that Dr Easterbrook and the Architect have bestowed much care and thought on the internal design and arrangements, especially of the hospital. Every detail has been fully considered with a view to making the accommodation, classification, and treatment of the patients as efficient as possible. It is most satisfactory to learn that the hospital will be provided at a moderate cost per bed. There is no doubt that the District Board have by the provision of this building done everything possible to promote the recovery of the curable and the amelioration of all requiring hospital care. The general impression as to the great progress which the Asylum has made in recent years and as to its present management was exceedingly satisfactory.

The official registers were examined and found regularly and correctly kept.

(Signed) JOHN FRASER,  
Commissioner in Lunacy.



AYR DISTRICT ASYLUM,  
11th and 12th October, 1906.

Since the 4th April of the present year the date of the last visit the following changes in population have occurred:—

	Pauper Patients.		
	Males.	Females.	Total.
On register 4th April, 1906, ...	245	248	493
Admitted, ... ..	35	31	66
Discharged recovered, ...	19	17	36
Discharged unrecovered, ...	12	8	20
Died, ... ..	8	6	14
On register 11th October, 1906,	241	248	489

Three patients were absent on Statutory probation and one on pass. With these exceptions all the patients on the register were seen in the course of the visit.

The numbers have decreased by four since the previous visit, which is due to the large proportion which the discharges, recovered and unrecovered, bear to the admissions. The number of deaths have been comparatively small.

The causes of death are registered as follows:—Three cases died of general paralysis of the insane and three of phthisis, two from pneumonia and two from exhaustion following upon acute mental affections. One patient died of each of the following diseases, namely:—senile decay, epilepsy, alcoholic delirium and cancer. Post mortem examinations were held in every instance, a fact which, among many others testifies to the thoroughness with which the medical work of the Institution is conducted.

There are no entries in the Register of Restraint and Seclusion.

Two patients escaped and were each absent for one night before being brought back.

There have been no casualties of a serious nature in the interval covered by this report.

The record of the employment of patients shows that on the day preceding the visit 325 inmates, 155 men and 170 women were working. This on the numbers resident gives a proportion of 65 per cent. for men and 69 per cent for women. Sixty-four male patients were working outside on the grounds.

The changes among the attendants and nurses have been as follows:—7 men and 9 women were engaged; 4 men and 9 women resigned voluntarily; 1 man was dismissed for absenting himself without leave; and 1 woman died.

The male side of the new hospital was opened for the reception of patients a few days ago. The female side which is still in the hands of the painters will, it is expected,

be occupied about the end of the month. The building, which is one-storeyed, is sub-divided as follows:—(1) a ward with 20 beds and 6 adjoining single rooms for all newly admitted cases. (2) A ward with 40 beds and 6 adjoining single rooms for the nursing of sick and infirm patients. (3) A small isolation ward with 3 beds and 2 single rooms for the treatment of phthisis. These wards afford accommodation for 154 patients, 77 men and 77 women. Between the Reception Ward and the Sick Ward on each side there is a conservatory dayroom (30 feet by 18 feet) which can be used as a sitting-room for those patients who are not confined to bed. In the centre of the building and separating the male from the female side are the apartments of the Assistant Matron who is in immediate charge of the Hospital. The building, which is 360 feet long, faces south. Along the whole of the north side stretches an open verandah off which doors lead to each of the six wards. On each side of the passage leading to the wards from the verandah are rooms for the service of the wards such as boot and cloak rooms, linen rooms, and attendant's room, and also on each side but opening directly off the ward, a bathroom and lavatory and a small ward kitchen. Each of the large main wards is 84 feet long. The reception ward is 24 feet wide and the sick room 48 feet wide, but the latter is divided down the centre by a partition screen so as practically to form 2 wards each 24 feet wide. The device secures better observation with a smaller staff of nurses and allows accommodation for 40 beds without the inconvenience and expense of two absolutely separate apartments. At the south end of each ward the building terminates in a bay formation which allows of free sitting room space for the patients. Here also are glass doors or "French Windows" which open widely on to the grounds in front of the buildings. These sitting-room spaces together with the conservatory dayrooms supply all the dayroom space that is necessary. The conservatories are cheerful room lined with glazed bricks and with tessellated floors. They open by glass doors on to a verandah in front and are covered by a dome shaped glass roof. There are 4 glass verandahs facing the south two on either side of the building. Upon these verandahs the patients can sit or beds may be placed upon them when necessary.

Each main ward gives 100 square feet of floor space to each patient and 1400 cubic feet of air space. In the small isolation wards for the treatment of phthisis there are allowed 150 square feet of floor space and slightly over 2000 cubic feet of air space. The hospital is lighted by electric light, admirably heated by steam and ventilated adequately by natural means. The building material is of stone and the interior woodwork for the flooring of the wards and the

lining of the single rooms is maple. The workmanship is substantial, modern in design, and pleasing in appearance. It is a matter of congratulation for all concerned for all concerned that the cost of the building is only £100 a bed. Considering that it is constructed for a special purpose and that the space per patient is therefore necessarily large it forms one of the most economical structures of its kind that has ever been erected in this country. This is recorded with all the greater satisfaction in view of the that its efficiency, adaptation to its purpose and its design are thoroughly modern and scientific.

Immediately to the west of the new Hospital and situated at right angles to it facing west, is a new administrative block for the whole Asylum. It is a one-storeyed building and contains at the south end the Medical Superintendent's Office and Board Room combined. Adjoining the latter room is the Assistant Medical Officer's Office, next in succession come a waiting room, the entrance hall, the apartments of the Assistant Medical Officer who is in direct charge of the Hospital patients, and finally at the north end of the building, a large lecture room and room for patients' visitors combined.

The rooms in the old administrative block thus set free are to be utilised for store rooms and offices and for the relief of the general store of the Asylum, which has hitherto been too small for the requirements of the Institution.

An inspection of the various departments of the Asylum, including dayrooms and dormitories, revealed a condition of commendable good order and cleanliness. The wards were bright and cheerful and all the apartments were properly ventilated.

The patients with few exceptions were quiet and orderly in their demeanour, and, judging from the paucity of demands for release or complaints of any kind, generally contented.

The books and registers were examined and found correct.

(Signed) JOHN MACPHERSON,  
Commissioner in Lunacy.



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MEDICAL  
STATISTICAL TABLES

(DR. EASTERBROOK).

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TABLE I.—ANNUAL ANALYSIS.—Showing a Statistical Analysis of the Movements of the Insane Population and the Results of Treatment in the Asylum during the Statistical Year 1906.

ON 1ST JANUARY, 1906, PERSONS ON ASYLUM REGISTER FOR THE INSANE,					Male. 247	Female. 250	Total. 497
<i>Total Admissions (Cases Admitted)</i> during statistical year, <i>Minus Re-admissions</i> (later admission of same persons once during same year), <i>and Minus Re-re-admissions</i> (do. twice do.),					81	56	137
Leaving <i>Persons Admitted</i> during year, of whom there were:—					3	2	5
1. <i>Transfers</i> (unrecovered insane persons coming from other Habitations), viz.:—					0	0	0
(1) Extranational Transfers, from Habitations in other countries, (e.g.)					78	54	132
(2) Transfers from Institutions in the same country (e.g., Asylums, M. 6, F. 7, Imbecile Institution, M. 1),					12	10	22
(3) Transfers from Homes in the same country,					0	0	0
2. <i>Receptions</i> (persons certified as insane and controlled for first time during existing attack), viz.:—					7	7	14
(1) Receptions, in whom it was unknown whether the attack was the first or not,					5	3	8
(2) Receptions, with one or more prior attacks of insanity,					66	44	110
(3) Receptions, with first attack of insanity,					0	0	0
Total Cases under Treatment during statistical year,					14	13	27
do.,					52	31	83
Total Cases under Treatment during statistical year,					328	306	634
do.,					325	304	629
<i>Total Discharges (Cases Discharged)</i> during statistical year, <i>Minus Pre-discharges</i> (earlier discharge of same persons once during same year), <i>and Minus Pre-pre-discharges</i> (do. twice do.),					58	36	94
Leaving <i>Persons Discharged</i> during year, of whom there were:—					0	0	0
1. <i>Transfers</i> (unrecovered insane persons going to other Habitations), viz.:—					0	0	0
(1) Extranational Transfers, to Habitations in other countries, (e.g.)					58	36	94
(2) Transfers to Institutions in the same country (e.g., Asylums, M. 11, F. 1, Poorhouse Lun. Wards, M. 2),					21	10	31
(3) Transfers to Homes in same country,					0	0	0
<i>Transfers Unimproved</i> ,					13	1	14
<i>Transfers Improved</i> ,					8	9	17
2. <i>Recoveries</i> (persons certified as recovered and liberated from control), viz.:—					0	0	0
(1) Recoveries of persons who were Transfers at the time of their admission,					21	10	31
(2) Recoveries do. Receptions do.,					37	26	63
N.B.—Total Cases Discharged Unimproved,					2	1	3
Do. Improved,					35	25	60
Do. Recovered,					0	0	0
Total Cases Discharged and Died during statistical year,					21	10	31
do.,					37	26	63
Deaths during statistical year					31	21	52
Total Cases Discharged and Died during statistical year,					89	57	146
do.,					89	57	146
On 31st December, 1906, Persons on Asylum Register for the Insane,					239	249	488
Average Daily Number on Register during statistical year,					241	247	488
<i>Recovery Rate</i> during year:—							
Number of Total Cases Recovered per 100 of Total Cases Admitted,					45.67	46.42	45.98
Number of Recoveries of Receptions per 100 of Receptions Admitted,					53.03	56.81	54.54
<i>Death Rate</i> during year:—							
Number of Deaths per 100 of Persons under Treatment,					9.53	6.90	8.26
Number of Deaths per 100 of Average Daily Number on Register,					12.86	8.50	10.65

NOTES AND DEFINITIONS.—Tables I. to XX. refer only to Insane Persons. Columns for Private Patients (Male, Female), Rate-Paid Patients (Male Female), Total (M, F, T.), may be substituted for the right-hand columns of the above Table I. in the case of those Habitations to which such distinctions apply. *Insane Persons* are all persons certified and controlled as insane (including certified and controlled idiots, imbeciles, and defectives) for care and treatment in habitations (institutions and homes) for the insane; or such persons in process of transference from one habitation to another; or such persons while temporarily on leave, or pass, or probation, or trial, or escape from their habitation. *Institutions for the Insane* are all houses in which numbers of insane persons are controlled for institutional care and treatment with a recognised medical and nursing staff in attendance, and include all institutions for idiots, imbeciles, and defectives, and all "lunatic" or "insane" asylums, hospitals, colonies, poorhouses or workhouses, reformatories, prisons, state, public, or private establishments or houses, or the special "lunatic" or "insane" or mental departments of any of these, which provide for the accommodation and the institutional care and treatment of certified insane persons, whether kept for profit or not. *Homes for the Insane* are all houses in which a certified insane person, or a small number of certified insane persons—say not exceeding four, as in Scotland—is controlled for home or family care and treatment, or to which a Transfer or unrecovered insane person is and so they include any house in the community to which a Reception is admitted for care and treatment, or to which a Transfer or unrecovered insane person is until the said insane person either recovers, or dies, or is again "transferred" or permanently removed from it to some other home or to an institution. *Transfers* are unrecovered insane persons discharged from and admitted to institutions or homes for the insane, owing to the continuance of an attack of insanity, for which original certification and control took place at the time of their Reception, or admission into the first institution or home for the insane for care and treatment during the existing attack. In the case of every admission into an institution or a home for the insane, it is necessary for the medical authority in charge (e.g., asylum medical officer, family physician, parochial doctor) to recognise the statistical distinction between the Reception and the Transfer, as this distinction is essential for the accuracy of the *medical* statistics of the Receptions who represent the newly appearing and re-appearing insane persons in a community or country. The Receptions are dealt with medico-statistically in Tables II. to XI. The Recoveries " " Tables XII. to XIV. The Deaths " " Tables XV. to XVII. The Residents on 31st December, 1906, are dealt with medico-statistically in Tables XVIII. and XIX. Table XX. is a general summary on the lines of Table I. for each year of the Institution. Additional Tables (XXI., XXII., etc.), refer to Voluntary Boarders, if any, and to other matters of local rather than national interest.





TABLE II.—RECEPTIONS—AGE, AND CONJUGAL STATE.—Showing in the Receptions of 1906, (1) the Age on Reception correlated with the Conjugal State, the Congenital Cases being distinguished from the Acquired Cases; (2) the Mean Age on Reception of Congenital Cases and of Acquired Cases; and (3) the Age at onset of the Present Attack in the Acquired Cases.

AGE ON RECEPTION OF RECEPTIONS.	CONJUGAL STATE OF RECEPTIONS.												Age on Reception of Congenital Cases.			Total Age on Reception.			Age at onset of Present Attack in Acquired Cases.		
	Single.			Married.			Widowed.			Unknown.											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 10 years, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
10 years to 14 years,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
15 " 19 "	5	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
20 " 24 "	4	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
25 " 29 "	6	4	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
30 " 34 "	5	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
35 " 39 "	5	0	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
40 " 44 "	5	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
45 " 49 "	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
50 " 54 "	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
55 " 59 "	1	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
60 " 64 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
65 " 69 "	1	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
70 " 74 "	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
75 " 79 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
80 years and over,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Conjugal State of Congenital Cases,	4	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Total Conjugal State,	39	18	57	21	22	43	6	4	10	...	...	...	...	...	...	...	...	...			

NOTE.—The apparent or approximate age is given in cases in which the exact age is not known.

TABLE III.—RECEPTIONS. — NATIONALITY, AND RELIGION. — Showing in the Receptions of 1906, the Nationality correlated with the Religion, the Congenital Cases being distinguished from the Acquired Cases.

Nationality of Receptions, in order of frequency, and expressed as the precise race of the parents if possible, otherwise as the country of birth.	Religion of Receptions in order of frequency, and expressed as the precise religious sect or cult of the subject, avoiding the use of such general terms as Protestant or Catholic.										Nationality of Congenital Cases.	Total Nationality.
	Religions.								Professing no religion or incapable of religious belief.	Unknown.		
	Presby- terian.	Roman Catholic	Epis- copalian	Congre- gational	M. F. T.	M. F. T.	M. F. T.	M. F. T.				
Nationalities.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
Scottish, ...	42 33 75	7 1 8	1 0 1	1 0 1	...	...	...	...	...	2 2 4	53 36 89	
Irish, ...	...	6 7 13	...	...	...	...	...	...	...	2 0 2	8 7 15	
English, ...	...	1 1 2	3 0 3	...	...	...	...	...	...	...	4 1 5	
Polish, ..	...	1 0 1	...	...	...	...	...	...	...	...	1 0 1	
Indeterminate, ...	...	...	...	...	...	...	...	...	...	..	...	
Unknown, ...	...	..	...	...	...	...	...	...	...	...	..	
Religion of Congenital Cases, ...	2 1 3	1 0 1	...	..	...	...	...	1 1 2	...	<i>Note on Nationality.</i> — Nationality is expressed as “country of birth” by the Registrar-General of the census; but “race of parents” is more important as a medical fact.		
Total Religion, ...	44 34 78	16 9 25	4 0 4	1 0 1	...	...	...	1 1 2	...			



TABLE IV.—RECEPTIONS.—EDUCATION, AND OCCUPATION.—Showing in the Receptions of 1906, the Education correlated with the Occupation, the Congenital Cases being distinguished from the Acquired Cases.

[illegible]











TABLE VI.—RECEPTIONS.—NUMBER OF ATTACK, AND AGE AT ONSET OF FIRST ATTACK.—Showing in the Receptions of 1906, excluding the Congenital Cases and the Cases in which it was unknown whether the Attack was the first or not, (1) the number of Persons with their First Attack correlated with the Age at onset of their Attack; and, (2) the number of Persons with one or more Previous Attacks correlated with the age at onset of their First Attack. *N.B.*—“Attack” in this Table means “attack of insanity,” and does not include attacks of uncertified psychosis.

Age at onset of First Attack.	First Attacks, that is, Persons with no Prior Attack.			Not First Attacks.						Total Age at onset of First Attack.		
				Persons with One Prior Attack.			Persons with Two or more Prior Attacks.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years, ...												
10 years to 14 years, ...												
15    ,,   to 19    ,, ...	5	2	7				2	0	2	7	2	9
20    ,,   to 24    ,, ...	8	2	10				3	1	4	11	3	14
25    ,,   to 29    ,, ...	4	3	7	1	0	1	0	1	1	5	4	9
30    ,,   to 34    ,, ...	4	5	9	1	1	2	1	1	2	6	7	13
35    ,,   to 39    ,, ...	6	2	8	1	3	4	0	1	1	7	6	13
40    ,,   to 44    ,, ...	8	2	10	1	1	2				9	3	12
45    ,,   to 49    ,, ...	3	5	8	0	1	1	1	0	1	4	6	10
50    ,,   to 54    ,, ...	4	2	6	2	0	2	0	2	2	6	4	10
55    ,,   to 59    ,, ...	2	3	5				1	0	1	3	3	6
60    ,,   to 64    ,, ...	1	1	2	0	1	1				1	2	3
65    ,,   to 69    ,, ...	1	1	2							1	1	2
70    ,,   to 74    ,, ...	0	1	1							0	1	1
75    ,,   to 79    ,, ...	1	0	1							1	0	1
80 years and over, ...	1	0	1							1	0	1
Total Number of Attack, ...	48	29	77	6	7	13	8	6	14	Total.		











TABLE VIII.—RECEPTIONS. DIAGNOSIS. Showing in the Receptions of 1906, the Kinds of Insanity, Congenital and Acquired. (Nosological Classification).

KINDS OF INSANITY—Congenital and Acquired.		M.	F.	T.	M.	F.	T.
<i>The Congenital Insanities—(Amentia)—</i>							
Idiocy,	. . . . .	1	1	2			
Congenital Imbecility,	. . . . .	2	0	2			
Congenital Mental Defectiveness or Weak-mindedness,	. . . . .	1	0	1			
Congenital Moral Imbecility, or Moral Amentia,,	. . . . .	0	1	1			
Epileptic Amentia Proper (True Epileptic Idiocy and Imbecility),	. . . . .		...				
Total,	. . . . .		4	2	6		
<i>The Acquired Insanities—</i>							
<i>A. The Constitutional Insanities—</i>							
Melancholia,	. . . . .	2	9	11			
Mania,	. . . . .	13	11	24			
Delirium Insanum (Insane Delirium),	. . . . .	0	1	1			
Confusio Insana (Insane Confusion),	. . . . .	2	1	3			
Stupor,	. . . . .	2	0	2			
Katatonía,	. . . . .		...				
Dementia, Primary or Initial (whether in early, middle, or late life),	. . . . .	2	0	2			
Dementia, Secondary or Terminal,	. . . . .		...				
Delusional and Hallucinatory Insanities.	{ Delusio and Hallucinatio (Unfixed), Monomania (Fixed Unsystematised), Paranoia (Fixed Systematised), . . . . .	10 1 1	7 2 0	17 3 1			
Volitional, Impulsive, and Moral Insanities.	{ Abulia and Phobia (Insane doubt and fear), Obsessio (Imperative Idea and Action), Dipsomania (Insane Impulsion for Alcohol), Narcomania ( Do. for Drugs, e.g. Morphia), Psychopathia Sexualis, . . . . . Other Impulsiones Insanae, e.g., Insane Moral Degeneracy or Deterioration, . . . . .	1	0	1			
Neuro-Psychoses.	{ Hysteria with Insanity (Hysterical Insanity Proper), Epilepsy with Insanity (Epileptic Insanity Proper), Chorea with Insanity, . . . . . Hypochondria with Insanity, . . . . . Neurasthenia and Psychasthenia with Insanity, . . . . .	0 5 0 2	2 0 1 0	2 5 1 2			
Total,	. . . . .		41	34	75		
<i>B. The Insanities associated with Gross Organic Diseases of the Nervous System—</i>							
General Paralysis (Cerebral and Cerebro-Spinal Tabes) with Insanity,	. . . . .	9	2	11			
Locomotor Ataxia (Spinal Tabes) with Insanity,	. . . . .		...				
Cerebral Haemorrhage Embolism or Thrombosis with Insanity,	. . . . .		...				
Cerebral Tumour (of whatever nature) with Insanity,	. . . . .		...				
Cerebral Sclerosis and Atrophy with Insanity,	. . . . .		...				
Other Gross Nervous Lesions with Insanity, e.g., . . . . .	. . . . .		...				
Total,	. . . . .		9	2	11		
<i>C. The Insanities associated with Diseases and Morbid Conditions of Other Parts of the Body—</i>							
Sepsis with Insanity,	. . . . .		...	1			
Puerperal Sepsis with Insanity,	. . . . .	0	1	1			
Influenza with Insanity,	. . . . .	1	0	1			
Enterica with Insanity,	. . . . .		...				
Other Febrile and Post-Febrile Insanities, e.g., Erysipelas with Insanity,	. . . . .	1	0	1			
Acute Croupous Pneumonia with Insanity,	. . . . .	0	1	1			
Tuberculosis with Insanity,	. . . . .		...				
Syphilis with Insanity,	. . . . .		...				
Rheumatism with Insanity,	. . . . .		...				
Gout with Insanity,	. . . . .		...				
Diabetes with Insanity,	. . . . .		...				
Carcinoma (and Sarcoma) with Insanity,	. . . . .		...				
Myxoedema with Insanity,	. . . . .		...				
Goitre (Exophthalmic) with Insanity,	. . . . .		...				
Anaemia with Insanity,	. . . . .		...				
Arteriosclerosis with Insanity,	. . . . .		...				
Cardiac Disease with Insanity,	. . . . .		...				
Pulmonary Disease with Insanity,	. . . . .		...				
Gastro-Intestinal Catarrh with Insanity,	. . . . .		...				
Hepatic Disease with Insanity,	. . . . .		...				
Renal Disease (e.g. Nephritis) with Insanity,	. . . . .		...				
Diseases (Specify), of Generative Organs with Insanity,	. . . . .	10	4	14			
Alcoholism with Insanity,	. . . . .		...				
Morphinism with Insanity,	. . . . .		...				
Cocainism with Insanity,	. . . . .		...				
Chloralism with Insanity,	. . . . .		...				
Other Drug Poisonings with Insanity, e.g.,	. . . . .		...				
Plumbism with Insanity,	. . . . .		...				
Other Chemical Poisonings with Insanity, e.g.,	. . . . .		...				
Total,	. . . . .		12	6	18		
GRAND TOTAL,							
			66	44	110		





TABLE IX.—RECEPTIONS.—SUICIDAL AND HOMICIDAL TENDENCIES.  
 Showing in the Receptions of 1906, the Suicidal and Homicidal  
 Tendencies on Reception, distinguishing threats from attempts,  
 and specifying the forms of the latter.

Suicide.						M.	F.	T.
Meditated or Threatened, ... ..						16	12	28
Attempted, by :—								
Precipitation from a Height, ... ..						1	2	3
Cut Throat, ... ..						2	...	2
Drowning, ... ..						1	1	2
Strangulation, ... ..						...	2	2
Poisoning,... ..						..	1	1
Battering of Head, ... ..						...	1	1
Total, ... ..						20	19	39
Homicide.								
Meditated or Threatened, .. ...						20	10	30
Attempted, by :—								
Assault, ... ..						11	5	16
Total ... ..						31	15	46

TABLE X.—RECEPTIONS.—MENTAL REDUCTION, AND BODILY REDUCTION  
Showing in the Receptions of 1906, the State of Mental Reduction  
correlated with the Grade of Bodily Health, on Reception.

State of Mental Reduction on Reception.	Grade of Bodily Health on Reception.									TOTAL.		
	1st Class, Fair, viz. Bodily Health not specially below par, and no Local Disease or Injury of Signi- ficance.			2nd Class, Poor, viz., Bodily Health below par, or some Local Disease or Injury of distinct Signi- ficance.			3rd Class, Weak viz., Bodily Health much below par, or some Disease or Injury of serious Significance.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1st Class, Mild or Simple, viz, Mild degrees of Morbid Depression, Pas- sivity, Exaltation, E x c i t e m e n t , Delirium or Con- fusion.	2	1	3	5	5	10			...	7	6	13
2nd Class, Mod- erate, viz., More Marked Degrees of the preceding, or the presence of Hallucination, Delusion, Resistive- ness or Stupor.	8	4	12	23	12	35	5	1	6	36	17	53
3rd Class, Severe or Intense, viz., more marked Degrees of the preceding, or the presence of Insane Doubt, Fear, Obsession, Im- pulse, Morbid Moral Sense, Facility, Dementia, Imbe- cility, or Idiocy.	2	2	4	10	15	25	11	4	15	23	21	44
TOTAL,	12	7	19	38	32	70	16	5	21	66	44	110
Total, 1st Class, Mentally Mild and Bodily Fair,										2	1	3
Total, 2nd Class, Mentally Moderate and Bodily Fair or Poor, or Bodily Poor and Mentally Mild or Moderate,										37	22	59
Total, 3rd Class, Mentally Severe and Bodily Fair or Poor or Weak, or Bodily Weak and Mentally Mild or Moderate or Severe,										27	21	48



TABLE XI —RECEPTIONS.—DURATION OF THE MENTAL DISORDER OR INSANITY.—Showing in the Receptions of 1906, the Duration of the Present Attack of Mental Disorder or Insanity on Reception, distinguishing the Congenital Cases.

DURATION OF MENTAL DISORDER OR INSANITY ON RECEPTION.	M.	F.	T.	M.	F.	T.
Under 1 week, - - - - -	24	10	34			
1 week and under 1 month, - - - - -	18	13	31			
1 month and under 3 months, - - - - -	12	10	22			
3 months and under 6 months, - - - - -	2	3	5			
Total, 1st Class, Recent or Acute,				56	36	92
6 months and under 1 year, - - - - -	1	4	5			
1 year and under 1½ years, - - - - -	2	2	4			
1½ years and under 2 years, - - - - -	1	0	1			
Total, 2nd Class, Sub-Recent or Sub-Acute,				4	6	10
2 years and under 3 years - - - - -	1	0	1			
3 years and under 5 years, - - - - -						
5 years and under 10 years, - - - - -	1	0	1			
10 years and over (Specify in Decennia), - - - - -						
Congenital Cases, - - - - -	4	2	6			
Total, 3rd Class, Persistent or Chronic,				6	2	8
TOTAL,				66	44	110

TABLE XII.—RECOVERIES.—AGE ON RECOVERY, AND DURATION OF ATTACK.—Showing in the Recoveries of 1906, the Age on Recovery correlated with the Total Duration of the Attack.

AGE ON RECOVERY.	TOTAL DURATION OF ATTACK OF INSANITY.												Total.	
	Under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 1½ years.	1½ years and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and over.					
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.			
Under 10 years,	...	...	...	...	...	...	...	...	...	...	...	...	..	2
10 years to 14 years,	...	...	...	...	...	...	...	...	...	...	...	...	..	9
15 "	0	1	1	2	0	1	2	4	1	1	0	1	0	2
20 "	0	1	1	1	...	...	...	...	...	...	...	...	5	4
25 "	1	0	1	2	2	1	1	2	...	...	...	...	4	2
30 "	2	0	2	4	4	0	4	...	1	0	1	...	8	0
35 "	2	1	3	0	2	2	2	...	...	...	...	...	4	5
40 "	0	1	1	3	3	0	3	...	1	0	1	...	6	1
45 "	1	1	2	1	2	1	1	...	...	...	...	...	2	7
50 "	0	2	2	2	1	2	3	...	0	1	1	...	4	7
55 "	...	...	...	...	...	...	...	...	...	...	...	...	2	5
60 "	1	0	1	0	1	1	1	...	1	0	1	...	4	3
65 "	...	...	...	...	...	...	...	...	...	...	...	...	2	2
70 "	...	...	...	...	...	...	...	...	...	...	...	...	1	0
75 "	...	...	...	...	...	...	...	...	...	...	...	...	1	2
80 years and over,	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Total,	1 0 1	7 7 14	14 9 23	4 6 10	3 2 5	3 0 3	2 1 3	2 0 2	1 1 2	...	...	...	37 26 63	
Mean Age on Recovery,-	Recent or Acute,			Sub-Recent or Sub-Acute,			Persistent or Chronic.							
	M. 22,	F. 16,	T. 38.	M. 10,	F. 8,	T. 18.	M. 5,	F. 2,	T. 7.					
	-	-	-	-	-	-	-	-	-					
Total,			M., 38.05 years.			F., 39.73 years.			Total, 38.74 years.					

TABLE 1.—DIAGNOSIS, AND DURATION OF ATTACK. Showing in the Recoveries of 1906, the Diagnosis of the Kinds of Insanity (Acquired) correlated with the Total Duration of the Attack.

KINDS OF INSANITY (Acquired) FROM WHICH RECOVERY OCCURRED.	TOTAL DURATION OF ATTACK OF INSANITY.												TOTAL.
	Under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 1½ years.	1½ years and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and over.				
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.		
Melancholia, . . . . .	..	0 2 2	1 1 2	2 2 4	1 0 1	...	0 1 1	...	0 1 1	...	4 7 11		
Mania, . . . . .	..	3 2 5	4 5 9	2 2 4 6	0 1 1	1 0 1	...	...	1 0 1	...	11 12 33		
Confusio Insana, . . . . .	..	...	...	...	0 1 1	...	1 0 1	...	...	...	1 1 2		
Stupor, . . . . .	..	..	...	...	...	1 0 1	...	...	...	...	1 0 1		
Delusio and Hallucinatio, . . . . .	..	1 0 1	3 0 3	...	...	1 0 1	1 0 1	1 0 1	...	...	1 0 1		
Dipsomania, . . . . .	..	...	...	...	...	...	...	...	...	...	7 0 7		
Hysterical Insanity Proper, . . . . .	..	0 1 1	...	...	...	...	...	...	...	...	1 0 1		
Epileptic Insanity Proper, . . . . .	..	..	1 1 2	...	1 0 1	...	...	...	...	...	2 1 3		
Hypochondriacal Insanity, . . . . .	..	...	...	...	1 0 1	...	...	...	...	...	1 0 1		
Puerperal Insanity (Septic), . . . . .	..	...	0 1 1	...	...	...	...	...	...	...	0 1 1		
Post-Pneumonic Insanity, . . . . .	..	0 1 1	...	...	...	...	...	...	...	...	0 1 1		
Alcoholic Insanity Proper, . . . . .	1 0 1	3 1 4	5 1 6	...	...	...	...	...	...	...	0 1 1		
											9 2 11		
Total,	1 0 1	7 7 14	14 9 23	4 6 10	3 2 5	3 0 3	2 1 3	2 0 2	1 1 2		37 26 63		
	Recent or Acute.			Sub-Recent or Sub-Acute.			Persistent or Chronic.						
	M. 22, F. 16, T. 38.				M. 10, F. 8, T. 18.				M. 5, F. 2, T. 7.				



TABLE XIV.—RECOVERIES.—DURATION OF ATTACK ON RECEPTION, AND LENGTH OF RESIDENCE. Showing in the Recoveries of 1906, the Duration of Attack on Reception, whether to this Asylum or to any other Institution or Home, correlated with the Length of Residence (including absence on leave, pass, probation, trial or escape) in this Asylum or in any other Institution or Home in which the Attack was previously treated.

Duration of Attack on Reception to this or any other Institution or Home.		LENGTH OF RESIDENCE IN THIS OR ANY OTHER INSTITUTION OR HOME, INCLUDING ANY ABSENCE ON LEAVE, PASS, PROBATION, TRIAL, OR ESCAPE.																				
		Under 1 month.		1 month and under 3 months.		3 months and under 6 months.		6 months and under 1 year.		1 year and under 1½ years.		1½ years and under 2 years.		2 years and under 3 years.		3 years and under 5 years.		5 years and over.				
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Period.		Total.																				
		M.	F.	T.																		
Under 1 week, -	-	9	9	18	1	0	5	2	1	4	0	2	0	1	..	..	1	0	1	0		
1 week and under 1 month, -	-	13	10	23	1	0	1	5	7	3	3	2	..	..	1	0	..	..	..	..		
1 month and under 3 months, -	-	6	4	10	..	..	3	2	2	2	..	..	..	..	1	0	..	..	..	..		
3 months and under 6 months, -	-	4	1	5	..	..	1	0	1	0	..	..	2	0	2	0	..	..	0	1		
6 months and under 1 year, -	-	2	1	3	..	..	..	..	..	..	2	0	0	1	..	..	..	..	..	..		
1 year and under 1½ years, -	-	3	0	3	..	..	..	..	..	..	2	0	..	..	1	0	..	..	..	..		
1½ years and under 2 years, -	-	0	1	1	..	..	..	..	..	..	0	1	..	..	..	..	..	..	..	..		
2 years and under 3 years, -	-	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
3 years and under 5 years, -	-	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
5 years and over, -	-	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Total,		37	26	63	2	0	10	9	11	9	7	5	2	2	3	0	1	0	1	1		

TABLE XV.—DEATHS.—AGE AT DEATH, AND CAUSE OF DEATH.—Showing in the Deaths of 1906, the Principal Causes of Death (only the Main Cause of Death in each case being stated), correlated with the Ages at Death, and the number Verified by Post Mortem Examination.

PRINCIPAL CAUSES OF DEATH.	THE AGES AT DEATH.																Total. M. F. T.	Verified by Post-Mortem Examination. M. F. T.
	Under 10 years.	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 years and over.		
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.		
i. General Diseases (Infections, Neoplasms, &c.), ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis (Pulmonalis, Glandularis, &c.), ...	...	...	2 0 2	2 0 2	...	...	1 1 2	0 1 1	...	...	1 0 1	...	...	0 2 2	0 1 1	...	6 5 11	6 5 11
Lobar Pneumonia, ...	...	...	...	...	...	...	...	...	...	...	1 0 1	...	...	0 2 2	...	...	1 2 3	1 2 3
Carcinoma, ...	...	...	...	...	...	...	...	...	1 0 1	...	...	...	1 0 1	...	...	...	2 0 2	2 0 2
Alcoholism (Delirium), ...	...	...	...	...	...	...	...	...	1 0 1	1 0 1	...	...	...	...	...	...	2 0 2	2 0 2
Gangrene, ..	...	...	...	...	...	...	...	...	...	...	6 1 1	...	...	...	...	...	0 1 1	0 1 1
Senile Decay, ...	...	...	...	...	...	...	...	...	...	...	...	...	1 0 1	1 1 2	1 0 1	...	3 1 4	3 1 4
ii. Diseases of Integumentary and Locomotory Systems,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
iii. Diseases of Haemopoietic and Glandular Systems, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
iv. Diseases of Nervous Systems, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General Paralysis, ...	...	...	0 1 1	...	...	2 0 2	0 1 1	...	5 0 5	...	...	...	...	...	...	...	7 2 9	7 2 9
Epilepsy, ...	...	...	...	...	...	1 0 1	...	...	...	1 0 1	1 0 1	...	...	...	...	...	3 0 3	3 0 3
Exhaustion from Melancholia, ...	...	...	...	...	...	...	...	...	...	...	0 1 1	0 1 1	...	...	...	...	0 2 2	0 2 2
Exhaustion from Mania, ...	...	...	...	...	...	...	...	0 1 1	...	...	...	...	...	...	...	...	0 1 1	0 1 1
v. Diseases of Circulatory System, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Valvular Disease of Heart, ...	...	...	...	...	1 0 1	...	...	1 0 1	...	0 1 1	2 0 2	...	1 1 2	0 2 2	...	...	5 4 9	5 4 9
Fatty Degeneration of Heart, ...	...	...	...	...	...	...	...	1 0 1	...	...	...	...	...	1 1 2	...	...	2 1 3	2 1 3
Aneurism of Aorta,...	...	...	...	...	...	...	...	...	...	0 1 1	...	...	...	...	...	...	0 1 1	0 1 1
vi. Diseases of Respiratory System,...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
vii. Diseases of Alimentary System, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hernia with Chronic Intestinal Obstruction, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0 1 1	0 1 1	0 1 1
viii. Diseases of Urinary System, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ix. Diseases of Generative System,...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
x. Injuries (Accident or Violence),...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL, ...	...	...	2 1 3	2 0 2	1 0 1	3 0 3	1 2 3	2 2 4	7 0 7	2 2 4	5 2 7	0 1 1	3 1 4	2 8 10	1 1 2	0 1 1	31 21 52	31 21 52

Mean Age at Death—M., 47.41 years, F., 59.47 years, T., 52.28 years.





TABLE XVI.—DEATHS.—DIAGNOSIS, AND DURATION OF THE MENTAL DISORDER OR INSANITY. Showing in the Deaths of 1906, the Diagnosis of the Kinds of Insanity correlated with the Total Duration of the Mental Disorder.

Kinds of Insanity, Congenital and Acquired, in which Death occurred.  N.B.—Arranged as in Table VIII, so far as is necessary.	TOTAL DURATION OF THE MENTAL DISORDER.															Total.
	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 1½ years.	1½ years and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and under 10 years.	10 years and under 20 years.	20 years and under 30 years.	30 years and under 40 years.	40 years and under 50 years.	50 years and over.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
Congenital Idiocy and Imbecility,	..	...	...	...	...	...	...	...	...	...	2 0 2	2 0 2	...	1 0 1	1 0 1	6 0 6
Melancholia, . . .	...	...	...	0 1 1	...	0 1 1	...	...	...	1 0 1	1 0 1	...	...	...	...	2 2 4
Mania, . . .	...	0 1 1	..	1 1 2	...	0 1 1	0 2 2	0 1 1	...	0 1 1	...	0 1 1	...	...	...	1 8 9
Confusio Insana, . . .	...	...	...	...	...	1 0 1	...	...	...	..	...	...	...	...	...	1 0 1
Dementia, Secondary, . .	...	...	...	..	...	...	...	...	0 1 1	1 2 3	1 2 3	1 1 2	..	...	...	3 6 9
Monomania, . . .	...	..	...	...	...	...	...	...	..	...	1 0 1	0 2 2	...	...	...	1 2 3
Epileptic Insanity Proper, .	...	...	1 0 1	...	...	...	...	...	...	1 0 1	3 0 3	1 0 1	1 0 1	...	...	7 0 7
General Paralysis, . .	...	...	1 0 1	1 1 2	2 0 2	...	...	2 1 3	1 0 1	...	...	...	...	...	...	7 2 9
Arterio-Sclerotic Insanity, .	...	...	...	...	...	0 1 1	...	...	...	...	...	...	...	...	...	0 1 1
Alcoholic Insanity Proper, .	...	1 0 1	1 0 1	...	...	...	...	1 0 1	...	..	...	..	...	...	...	3 0 3
Total,		1 1 2	3 0 3	2 3 5	2 0 2	1 3 4	0 2 2	3 2 5	1 1 2	3 3 6	8 2 10	4 4 8	1 0 1	1 0 1	1 0 1	
	Recent or Acute.				Sub-Recent or Sub-Acute.			Persistent or Chronic.								
	M. 6, F. 4, T. 10.				M. 3, F. 5, T. 8.			M. 22, F. 12, T. 34.								





TABLE XVII.—DEATHS.—DURATION OF MENTAL DISORDER ON RECEPTION, AND LENGTH OF RESIDENCE. Showing in the Deaths of 1906, the Duration of the Mental Disorder on Reception, whether to this Asylum or to any other Institution or Home, correlated with the Length of Residence (including absence on leave, pass, probation, trial or escape) in this Asylum or in any other Institution or Home in which the Insanity was previously treated, and distinguishing the Congenital Cases.

Duration of Mental Disorder on Reception to this or any other Institution or Home.				LENGTH OF RESIDENCE IN THIS OR ANY OTHER INSTITUTION OR HOME, INCLUDING ABSENCE ON LEAVE, PASS, PROBATION, TRIAL OR ESCAPE.																									
				Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and under 10 years.	10 years and under 20 years.	20 years and under 30 years.	30 years and under 40 years.	40 years and under 50 years.	50 years and over.												
Period.	Total.			M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.													
	M.	F.	T.																										
Under 1 week, - - -	4	1	5	1	0	...	...	...	...	...	...	1	0	1	1	1	0	...	...	...									
1 week and under 1 month, - -	4	3	7	...	2	1	1	0	...	...	...	1	0	...	0	1	0	1	...	...	...								
1 month and under 3 months, - -	3	6	9	...	...	1	0	0	1	0	1	0	2	0	1	...	1	0	1	0	...	...	...						
3 months and under 6 months, -	3	6	9	...	...	1	2	...	...	0	1	...	0	1	0	2	1	0	1	0	...	...	...						
6 months and under 1 year, - -	2	1	3	...	1	0	1	0	...	...	0	1	...	...	...	...	...	...	...	...	...	...	...						
1 year and under 1½ years, - -	6	3	9	...	1	0	0	1	...	...	1	0	1	0	...	1	0	2	0	0	2	...	...	...					
1½ years and under 2 years, - -	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
2 years and under 3 years, - -	1	0	1	...	...	1	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
3 years and under 5 years, - -	1	0	1	...	...	...	...	...	...	1	0	...	...	...	...	...	...	...	...	...	...	...	...						
5 years and under 10 years, - -	1	1	2	...	...	...	...	...	0	1	...	...	...	...	1	0	...	...	...	...	...	...	...						
10 years and over, - - -	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
(Specify in decennia).																													
Congenital Cases, - -	6	0	6	...	...	...	...	3	0	...	1	0	...	...	1	0	...	1	0	...	...	...	...						
Total, - -	31	21	52	1	0	4	1	5	3	0	1	3	2	2	4	3	1	0	1	3	2	6	2	2	4	2	0	...	...



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RECEIVED	
1911	1912
1913	1914
1915	1916
1917	1918
1919	1920
1921	1922
1923	1924
1925	1926
1927	1928
1929	1930
1931	1932
1933	1934
1935	1936
1937	1938
1939	1940
1941	1942
1943	1944
1945	1946
1947	1948
1949	1950
1951	1952
1953	1954
1955	1956
1957	1958
1959	1960
1961	1962
1963	1964
1965	1966
1967	1968
1969	1970
1971	1972
1973	1974
1975	1976
1977	1978
1979	1980
1981	1982
1983	1984
1985	1986
1987	1988
1989	1990
1991	1992
1993	1994
1995	1996
1997	1998
1999	2000
2001	2002
2003	2004
2005	2006
2007	2008
2009	2010
2011	2012
2013	2014
2015	2016
2017	2018
2019	2020
2021	2022
2023	2024
2025	2026
2027	2028
2029	2030
2031	2032
2033	2034
2035	2036
2037	2038
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2041	2042
2043	2044
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2057	2058
2059	2060
2061	2062
2063	2064
2065	2066
2067	2068
2069	2070
2071	2072
2073	2074
2075	2076
2077	2078
2079	2080
2081	2082
2083	2084
2085	2086
2087	2088
2089	2090
2091	2092
2093	2094
2095	2096
2097	2098
2099	2100

TABLE XVIII.—RESIDENTS.—PRESENT AGE, AND DURATION OF MENTAL DISORDER.—Showing in 'he Persons on the Asylum Register for the Insane on the 31st December, 1906, the Age at that date correlated with the Total Duration of the Mental Disorder on that date, distinguishing the Congenital Cases.

[illegible]

TABLE XIX.—RESIDENTS.—DIAGNOSIS, AND PROGNOSIS.—Showing in the Persons on the Asylum Register for the Insane on the 31st December, 1906, the Diagnosis of the Kinds of Insanity correlated with the Prognosis as to Mental Recovery or Improvement.

Kinds of Insanity, Congenital and Acquired, exhibited by the Residents on 31st Decr., 1906.  N.B.—Arranged as in Table VIII.	Prognosis as to Mental Recovery or Improvement.									Total.		
	Recoverable.			Improvable.			Unimprov-able.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital Idiocy, ... ..							8	2	10	8	2	10
Do. Imbecility and Weakminded-ness, ... ..				6	1	7	6	8	14	12	9	21
Do. Moral Idiocy and Imbecility, ... ..							1	3	4	1	3	4
Do. Epileptic Idiocy and Imbecility, ... ..							4	0	4	4	0	4
Melancholia, ... ..	3	2	5	4	3	7	5	5	10	12	10	22
Mania, ... ..	8	11	19	6	20	26	15	28	43	29	59	88
Delirium Insanum, ... ..	0	1	1	0	0	0	0	0	0	0	1	1
Confusio Insana, ... ..	1	2	3	2	0	2	0	0	0	3	2	5
Stupor, ... ..	1	4	5	1	1	2	2	1	3	4	6	10
Catatonia, ... ..	0	0	0	0	2	2	1	0	1	1	2	3
Dementia, Primary, ... ..	0	0	0	0	0	0	2	1	3	2	1	3
Dementia, Secondary, ... ..	0	0	0	10	20	30	39	51	90	49	71	120
Delusio and Hallucinatio, ... ..	6	15	21	1	2	3	0	0	0	7	17	24
Monomania, ... ..	0	0	0	5	15	20	28	25	53	33	40	73
Paranoia, ... ..	0	0	0	0	0	0	5	0	5	5	0	5
Obsessio, ... ..	0	0	0	1	0	1	0	0	0	1	0	1
Psychopathia Sexualis, ... ..	0	0	0	0	0	0	2	0	2	2	0	2
Homicidal Impulsion, ... ..	0	0	0	0	0	0	2	0	2	2	0	2
Moral Degeneracy, ... ..	0	0	0	0	1	1	1	3	4	1	4	5
Hysterical Insanity Proper, ... ..	0	1	1	0	0	0	0	0	0	0	1	1
Epileptic Insanity Proper, ... ..	1	1	2	3	2	5	25	8	33	29	11	40
Chorea with Insanity, ... ..	0	0	0	0	1	1	0	0	0	0	1	1
Hypochondria with Insanity, ..	1	0	1	2	0	2	0	2	2	3	2	5
General Paralysis, ... ..	0	0	0	0	0	0	13	3	16	13	3	16
Cerebral Sclerosis with Insanity, ... ..	0	0	0	0	0	0	1	0	1	1	0	1
Paralysis Agitans with Insanity, ... ..	0	0	0	0	0	0	1	0	1	1	0	1
Alcoholic Insanity Proper, ...	1	2	3	1	0	1	14	2	16	16	4	20
TOTAL, ... ..	22	39	61	42	68	110	175	142	317	239	249	488



TABLE XX.—GENERAL SUMMARY.—Showing a General Summary of the Movements of the Insane Population and the Results of Treatment in the Asylum for each year since its opening on the 28th July, 1869.

YEARS.	Numbers on Asylum Register for Insane at beginning of each Year. (Persons).			Total Admissions. (Cases.)			Total Numbers under Treatment. (Cases.)			TOTAL DISCHARGES. (Cases.)									Deaths. (Persons.)			Average Daily Number on Asylum Register for Insane.			Recovery Rate (No. of Cases Recovered per 100 of Cases Admitted).			Death Rate (No. of Deaths per 100 of Average Daily No. on Asylum Register).			Numbers of each Year's Admissions remaining on Asylum Register on 31st Dec., 1906. (Persons).			YEARS.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Recovered.			Improved.			Unimproved.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
										M.	F.	T.	M.	F.	T.	M.	F.	T.																
1869-70*	0	0	0	81	106	187	81	106	187	3	4	7	2	1	3	1	1	2	6	2	8	54·21	70·68	124·84	3·70	3·77	3·74	11·06	2·83	6·40	1	1	2	1869-70
1870-71	69	98	167	38	43	81	107	141	248	20	27	47	6	1	7	7	4	11	4	2	6	75·53	104·24	179·81	52·63	62·79	58·02	5·29	1·91	3·33	1	0	1	1870-71
1871-72	70	107	177	44	33	77	114	140	254	17	17	34	3	3	6	6	4	10	3	13	16	74·73	101·17	175·91	38·63	51·51	44·15	4·01	12·85	9·09	0	2	2	1871-72
1872-73	85	103	188	36	52	88	121	155	276	20	24	44	7	10	17	3	6	9	6	7	13	78·25	103·07	181·32	55·55	46·15	50·00	7·66	6·79	7·16	1	0	1	1872-73
1873-74	85	108	193	58	69	127	143	177	320	28	25	53	10	11	21	4	4	8	7	13	20	86·73	117·86	204·59	48·27	36·23	41·73	8·07	11·03	9·77	1	0	1	1873-74
1874-75	94	124	218	54	63	117	148	187	335	29	21	50	5	6	11	5	1	6	12	18	30	98·08	128·84	226·90	53·70	33·33	42·73	12·23	13·97	13·22	1	1	2	1874-75
1875-76	97	141	238	54	51	105	152	192	344	29	35	64	3	8	11	4	2	6	12	9	21	96·38	135·76	234·15	53·70	68·62	60·95	12·45	6·62	8·53	0	0	0	1875-76
1876-77	103	138	241	49	49	98	152	187	339	21	17	38	6	7	13	6	5	11	7	10	17	104·76	137·13	241·89	42·85	34·69	38·77	6·67	7·29	7·02	0	0	0	1876-77
1877-78	112	148	260	49	54	103	161	202	363	13	30	43	11	4	15	12	5	17	13	12	25	104·32	138·51	242·83	26·53	55·55	41·74	12·46	8·66	10·29	2	2	4	1877-78
1878-79	112	151	263	54	57	111	166	208	374	22	37	59	2	6	8	6	13	19	15	7	22	116·22	147·11	263·66	40·74	64·91	53·15	12·90	4·75	8·34	1	4	5	1878-79
1879-80	121	145	266	58	58	116	179	203	382	27	29	56	10	8	18	6	6	12	10	16	26	122·38	147·80	270·28	46·55	50·00	48·27	8·17	10·82	9·61	0	2	2	1879-80
1880-81	126	144	270	51	61	112	177	205	382	29	37	66	3	5	8	14	7	21	15	13	28	124·48	142·66	266·41	56·86	60·65	58·92	12·05	9·81	10·51	0	1	1	1880-81
1881-82	116	143	259	46	57	103	162	200	362	28	35	63	6	2	8	2	4	6	11	11	22	115·03	141·80	256·84	60·86	61·40	61·16	9·56	7·82	8·60	0	4	4	1881-82
1882-83	115	148	263	57	56	113	172	204	376	33	28	61	3	2	5	6	6	12	12	9	21	120·86	150·62	271·48	57·89	50·00	53·98	9·92	5·97	7·73	1	5	6	1882-83
1883-84	118	159	277	57	55	112	175	214	389	23	22	45	6	5	11	10	5	15	8	13	21	124·35	161·76	286·11	40·35	40·00	40·17	6·43	8·03	7·33	2	2	4	1883-84
1884-85	128	169	297	61	56	117	189	225	414	39	29	68	3	4	7	7	7	14	15	16	31	127·76	171·73	300·04	63·93	51·78	58·11	11·74	9·22	10·33	0	3	3	1884-85
1885-86	125	169	294	78	45	123	204	214	417	39	27	66	7	9	16	4	4	8	12	11	23	132·28	165·00	297·28	50·00	60·00	53·65	9·07	6·66	7·73	3	2	5	1885-86
1886-87	141	163	304	61	63	124	202	226	428	31	30	61	29	24	53	1	0	1	10	12	22	125·95	159·21	285·17	50·81	47·62	49·19	7·93	7·53	7·71	5	3	8	1886-87
1887-88	131	160	291	44	68	112	175	228	403	25	38	63	8	12	20	1	1	2	9	22	31	131·60	158·00	290·41	56·81	55·88	56·25	6·83	13·92	10·67	1	7	8	1887-88
1888-89	132	155	287	64	58	122	196	213	409	33	22	55	8	5	13	2	1	3	7	17	24	136·79	159·56	296·36	51·56	37·93	45·09	5·11	10·65	8·09	6	5	11	1888-89
1889-90	146	168	314	58	66	124	204	234	438	31	33	64	10	8	18	4	1	5	15	11	26	141·33	177·12	318·45	53·44	50·00	51·61	10·64	6·25	8·17	3	6	9	1889-90
1890-91	144	181	325	66	61	127	210	242	452	20	22	42	10	3	13	3	3	6	13	19	32	148·17	189·54	337·71	30·30	36·06	33·07	8·77	10·02	9·47	3	4	7	1890-91
1891-92	164	195	359	67	53	120	231	248	479	27	27	54	6	9	15	11	4	15	18	17	35	156·82	195·66	352·49	40·29	50·94	45·00	11·55	8·68	9·92	6	4	10	1891-92
1892-93	169	191	360	69	75	144	238	266	504	39	27	66	8	5	13	6	4	10	27	19	46	158·40	199·34	357·75	56·52	36·00	45·83	17·01	9·53	12·85	6	5	11	1892-93
1893-94	158	211	369	79	66	145	237	277	514	30	25	55	7	8	15	5	1	6	15	17	32	173·77	219·70	393·47	37·97	37·87	37·93	8·63	7·73	8·13	6	10	16	1893-94
1894-95	180	226	406	99	72	171	279	298	577	35	21	56	9	11	20	10	6	16	25	23	48	190·82	229·70	420·53	35·35	29·16	32·74	13·10	10·01	11·41	8	4	12	1894-95
1895-96	199	237	436	83	73	156	282	310	592	24	27	51	19	6	25	14	12	26	10	27	37	195·10	232·89	428·00	28·91	36·98	32·69	5·12	11·59	8·64	5	9	14	1895-96
1896-97	215	238	453	60	80	140	275	318	593	36	30	66	7	18	25	7	5	12	23	21	44	204·04	236·79	440·83	60·00	37·50	47·14	11·27	8·86	9·98	6	9	15	1896-97
1897-98	202	244	446	101	80	181	303	324	627	35	33	68	5	5	10	17	9	26	27	24	51	203·28	244·10	447·39	34·45	41·25	37·56	13·28	9·83	11·40	10	12	22	1897-98
1898-99	219	253	472	100	64	164	319	317	636	45	21	66	7	6	13	10	6	16	20	24	44	225·85	253·53											

\* 1869-1870—Period of 8 months (28th July, 1869, to 31st March, 1870). † 1902-1903—Period of 21 months (1st April, 1902 to 31st December, 1903). Other years—Periods of 12 months (1st April to 31st March, from 18





TABLE XXI.—ADDITIONAL.—Monthly Incidence of the Admissions, Discharges, and Deaths during the Year 1906.

MONTHS.			ADMISSIONS.			DISCHARGES.			DEATHS.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
January, ...	...	...	5	2	7	5	2	7	5	3	8
February, ...	...	...	11	6	17	1	1	2	5	3	8
March, ...	...	...	12	3	15	10	1	11	5	2	7
April, ...	...	...	8	4	12	1	4	5	0	1	1
May, ...	...	...	3	6	9	11	5	16	1	0	1
June, ...	...	...	2	5	7	5	4	9	3	0	3
July, ...	...	...	9	4	13	1	2	3	1	1	2
August, ..	...	...	7	5	12	7	4	11	0	5	5
September, ...	...	...	6	5	11	5	5	10	1	0	1
October, ...	...	...	5	6	11	6	2	8	4	2	6
November, ...	...	...	6	5	11	4	1	5	3	3	6
December, ...	...	...	7	5	12	2	5	7	3	1	4
Total Cases, ...			81	56	137	58	36	94	31	21	52



TABLE XXII., ADDITIONAL.—Chargeability to the various Parish Councils of Ayrshire of the Admissions, Discharges, and Deaths during 1906, and of those remaining on the Asylum Register on the 31st December, 1906.

Ayr County Patients (Parishes, with Population at 1901 Census).	Admissions.			Discharges.			Deaths.			Remaining on Asylum Register on 31st December, 1906.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ardrossan, . . . . . 11,845	7	3	10	3	2	5	4	2	6	9	8	17
Auchinleck, . . . . . 6,605	2	1	3	1	0	1	2	0	2	8	8	16
Ayr, . . . . . 31,537	15	6	21	11	3	14	8	3	11	49	51	100
Ballantrae . . . . . 1,124	0	1	1	0	0	0	1	0	1	2	1	3
Barr, . . . . . 581	1	0	1	0	0	0	0	0	0	2	0	2
Beith, . . . . . 7,523	1	3	4	1	1	2	0	0	0	8	9	17
Colmonell, . . . . . 1,954	0	0	0	0	0	0	0	0	0	1	2	3
Coylton, . . . . . 2,542	0	0	0	0	2	2	0	0	0	2	0	2
Craigie, . . . . . 509	0	0	0	0	0	0	0	0	0	0	0	0
Dailly, . . . . . 1,673	0	1	1	0	0	0	0	0	0	0	2	2
Dalmellington, . . . . . 5,261	3	1	4	3	0	3	0	1	1	6	2	8
Dalry, . . . . . 8,212	2	0	2	4	1	5	1	1	2	10	5	15
Dalrymple, . . . . . 1,208	0	0	0	0	0	0	1	0	1	0	2	2
Dreghorn, . . . . . 4,332	0	1	1	1	0	1	0	0	0	1	2	3
Dundonald, . . . . . 11,250	4	5	9	2	3	5	1	3	4	9	10	19
Dunlop, . . . . . 1,542	1	0	1	0	0	0	0	0	0	2	2	4
Fenwick, . . . . . 1,063	1	0	1	1	0	1	0	0	0	3	1	4
Galston, . . . . . 6,979	2	0	2	3	1	4	0	0	0	3	2	5
Girvan, . . . . . 4,872	3	2	5	2	3	5	0	0	0	7	4	11
Irvine, . . . . . 6,458	0	2	2	0	0	0	0	0	0	5	8	13
Kilbirnie, . . . . . 7,207	2	2	4	1	1	2	1	0	1	5	6	11
Kilmarnock, . . . . . 33,142	12	9	21	7	6	13	6	1	7	34	34	68
Kilmaurs, . . . . . 4,549	0	0	0	1	0	1	0	0	0	2	1	3
Kilwinning, . . . . . 8,125	2	0	2	1	0	1	1	0	1	4	4	8
Kirkmichael, . . . . . 1,798	0	0	0	1	0	1	0	0	0	1	0	1
Kirkoswald, . . . . . 1,579	0	0	0	0	0	0	0	0	0	1	0	1
Largs, . . . . . 5,501	1	3	4	1	3	4	0	3	3	4	8	12
Loudoun, . . . . . 8,205	1	1	2	1	3	4	0	1	1	1	7	8
Mauchline, . . . . . 2,572	0	1	1	1	0	1	1	0	1	0	3	3
Maybole, . . . . . 7,889	2	1	3	0	3	3	1	2	3	2	13	15
Monkton and Prestwick 3,854	0	1	1	0	1	1	0	0	0	1	2	3
Muirkirk, . . . . . 5,670	2	3	5	2	0	2	1	0	1	6	8	14
New Cumnock, . . . . . 5,367	4	1	5	1	1	2	0	0	0	4	2	6
Ochiltree, . . . . . 1,932	2	0	2	1	0	1	1	0	1	2	5	7
Old Cumnock, . . . . . 5,144	1	2	3	1	3	4	1	0	1	4	6	10
Riccarton, . . . . . 8,080	2	0	2	1	0	1	0	0	0	6	4	10
Sorn, . . . . . 3,607	1	1	2	0	0	0	0	1	1	4	3	7
Stair, . . . . . 1,175	0	0	0	1	0	1	0	0	0	0	0	0
Stevenston, . . . . . 9,497	6	2	8	2	0	2	0	1	1	16	8	24
Stewarton, . . . . . 3,958	1	0	1	2	0	2	0	1	1	6	2	8
Straiton, . . . . . 1,016	0	1	1	0	0	0	0	0	0	4	2	6
Symington, . . . . . 592	0	1	1	0	0	0	0	0	0	1	4	5
Tarbolton, . . . . . 2,961	0	0	0	0	0	0	0	1	1	2	4	6
West Kilbride, . . . . . 2,978	0	1	1	0	0	0	0	0	0	2	4	6
Criminal Patients, . . . . .	0	0	0	0	0	0	0	0	0	0	0	0
Grand Totals, . . . . .	81	56	137	57	37	94	31	21	52	239	249	488

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DIETARY AND INDUSTRIAL  
TABLES.

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DIETARY TABLE—AYR DISTRICT ASYLUM DIETARIES.

PATIENTS' ORDINARY DIETARY. (M—Men Patients; W—Women Patients.)				OFFICIALS' ORDINARY DIETARY. (M—Attendants and Tradesmen; W—Nurses and Servants.)			
DAY OF WEEK.	BREAKFAST— 8.15 to 8.35 a m.	DINNER— 1.30 to 2 p.m.	TEA— 6.30 to 6.50 p.m.	BREAKFAST— 7.15 to 8 a.m. (Two Tables ) (NIGHT STAFF, 7.15 to 7.35 a.m.)	DINNER— 12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	TEA— 5.30 to 6.30 p.m. (Two Tables). (NIGHT STAFF, 7.30 to 7.50 p.m.)	SUPPER— 8 to 10 p.m. (NIGHT STAFF, 11.30 p.m. to 1 a.m )
MONDAY.	Porridge. M. 30 oz., W. 20 oz. Sweet Milk 10 oz. W h e a t e n Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz. Or Margarine, $\frac{5}{16}$ oz. Tea, 10 oz.	Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. W h e a t e n Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. (Lettuce and Cress in sea-son).	Porridge, M. 30 oz., W. 20 oz. Sweet Milk, 10oz. Wheaten Bread, M. 8oz., W. 6oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Omelet, 2 $\frac{1}{2}$ oz.	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz., and Fresh Vegetables, 4oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Cheese, 1 oz. (Lettuce and Cress in sea-son).	Milk, 10 oz. W h e a t e n Bread, W. 3 oz., W. 4 oz., W. 3 oz. Salt Butter, $\frac{1}{4}$ oz. M. 3
TUESDAY.	Do., with Coffee, 10 oz., instead of Tea.	Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Preserved Mutton or Beef, M. 4oz., W. 3oz. Potatoes, 10 oz , and Fresh Vegetables, 4oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Do.	Do., with Preserved Beef, 3oz. instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 6oz. N.B.—Sometimes Pie instead of Stew.	Do.	Do.
WEDNESDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Do.	Do., with Mince Patties (2 oz. Mince Meat, Flour and Bread Crumbs), instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoulder, fresh, uncooked with bone), M. 16 oz., W. 12 oz. Potatoes, 12 oz. Pudding.	Do.	Do.
THURSDAY.	Do., as on Tuesday.	Bread, M. 4 oz , W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 6 oz., W. 5 oz. Potatoes, 6 oz., and Fresh Vegetables 4oz.	Do.	Do., with Preserved Mutton, 3 oz., instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Do.	Do.
FRIDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 12 oz., W. 10 oz.; or dried, M. 6 oz., W. 5 oz. Potatoes, 12 oz.	Do.	Do., with an egg instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz.; or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Do.	Do.
SATURDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Beef or Mutton, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables 4oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case), Potatoes, 6 oz).	Do.	Porridge, M. 30 oz., W. 20 oz. Sweet Milk, 10oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Fish, fresh, dressed, M. 8 oz., W. 6 oz.; or dried, M. 4 oz., W. 3 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Shepherd's Pie; or as Meat Pie (in this case, Potatoes, 8 oz).	Do.	Do.
SUNDAY.	Bread, M. 8 oz. W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. Cheese, 1 oz. Cocoa, 20 oz.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Syrup, 1 $\frac{1}{2}$ oz.	Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz., or Sausages, 4 oz., or Liver, 2 oz., and Bacon, 2 oz. Tea or Coffee or Cocoa, 20 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef (fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Marmalade or Jam or Jelly or Syrup, $\frac{1}{2}$ oz.	Do.





## AYR DISTRICT ASYLUM DIETARIES

### NOTES ON THE ORDINARY DIETARIES.

*Porridge, Bread, Tea, Coffee, and Cocoa are given ad libitum to all, patients and officials, at the meals at which these articles are served.* The daily allowance of Potatoes and Fresh Vegetables depends upon supplies from Asylum Garden (in case of vegetables), and Outside Market (in case of potatoes). When potatoes are dear, rice (2 oz. per head), or peas (3 oz.), or haricot beans (3 oz.), are served instead.

*The Officials' Ordinary Dietary is that for An Able-Bodied Man or Woman doing a Hard Day's Work.* No extras are given.

*The Patients' Ordinary Dietary* is based on the recommendations contained in the special Blue Book drawn up by Dr. J. C. Dunlop, and published as a "Supplement to the 43rd Annual Report of the General Board of Commissioners in Lunacy for Scotland (1902)," and it is a practical application of the above-named expert's "*Suggestions for securing the proper feeding of Pauper Lunatics*, which are as follows:—(1) Porridge and milk must be given at least once daily. (2) Bread should be given *ad libitum* with all meals. (3) Tea or Coffee or Cocoa should be given *ad libitum* twice daily. (4) The minimum weekly allowance of Butter should be 5 oz., or of Margarine 6 oz. (5) The minimum allowance of Potatoes should be 3 lbs., of other Fresh Vegetables 1½ lbs. (6) A Fish dinner or a fifth Meat dinner should be given weekly. (7) 24 oz. of Meat, uncooked without bone, should be the minimum weekly allowance. (8) The proper variation of diet should be insisted on, as by (a) giving the same dinner not oftener than twice weekly; (b) giving the same soup not oftener than twice weekly; (c) varying the meat, and its cooking; (d) giving puddings; and (e) giving seasonable dishes, as rhubarb, apples, etc., when easily procured. From the above dietary scale for the Patients at Ayr Asylum it will be seen that variety has been secured in the various meals as follows:—(I.) *Dinners*, two courses daily. *1st Course*, Soup or Broth. *2nd Course*, Meat or Fish or Pudding. It will be noticed that the weakly nitrogenous 1st courses, viz., Potato Soup and Rice Soup, are combined with the strongly nitrogenous 2nd courses, viz., the largest rations of Fresh Meat, and the ration of Fish; that the moderately nitrogenous 1st courses, viz., Pea Soup and Lentil Soup, are combined with the moderately nitrogenous 2nd courses, viz., the rations of Preserved Meat, which, for variety sake, is served cold or in the form of Irish Stew or Meat Pie; and finally, that the richly nitrogenous first courses, viz., the Barley Broth with its contained Whole Peas or Fresh Beans and small ration of Fresh Meat, are combined with the feebly nitrogenous 2nd courses, viz., the Fuddings, which vary according to season, and supply of rhubarb, etc., from garden. (II.) *Breakfasts* are varied, so far as this is possible by giving Tea on Mondays, Wednesdays, and Fridays; Coffee on Tuesdays, Thursdays, and Saturdays; and Cocoa and Cheese, in place of Porridge, on Sundays. (III.) *Teas* are capable of but little variation in institutions, but Syrup is given instead of Butter on Sundays, and Lettuce and Cress according to season and garden supply. (9) Extra Food should be given to Working Patients.

*The Patients' Ordinary Dietary at Ayr is that for an Able-Bodied Man or Woman doing a Moderate Day's Work, each Woman receiving approximately 4-5ths of the Standard or Men's Dietary.* *Men Workers* therefore receive no extras except in a few cases, in which they are regarded as doing a hard day's work; but all men workers who smoke receive, as an inducement to work, a supply of tobacco (2 ounce of thin twist weekly is the average allowance). *Women Workers in the Laundry and Kitchen*, inasmuch as they do a woman's hard day's work, receive, in addition to their ordinary (or 4-5ths Standard) Dietary the following *Extras*:—A *Forenoon Lunch* at 11 a.m. (Coffee, 5 oz.; Bread, 1½ oz.; Syrup, ¾ oz.), and an *Afternoon Tea* at 4 p.m. (tea, 5 oz.; bread, 1½ oz.; Syrup, ¾ oz.) *Women Workers* in the wards who are employed at the lighter labour of housework and sewing require no such extras, but those who make themselves specially useful, and those who assist at the weekly Mending of Men's Clothes, &c., receive an Afternoon Tea as an extra. *Able-Bodied Idlers, men and women*, receive no extras; further, they receive less than the full ordinary Dietary at dinner, the Idlers of each sex being grouped at special tables to which relatively less food is sent. Similarly, less dinner per head is required in the wards for the *Old and Infirm* who are unable to work, and for Detoriated Patients who simply lead a vegetative existence. The meat at dinner for all *Paralytic and Epileptic* patients is served minced.

On Christmas Day or New Year's Day, or other special occasion, Roast Beef or Mutton Pie, and Plum Pudding may be given at dinner; or Cake or Buns or Jam at Tea, according to the discretion of the Medical Superintendent.

## DIETARIES—NOTES.

### RECEIPTS PER PINT OF 20 OZ., OR PER DIET

1. *Tea*—R Tea, ⅓ oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ¾ oz.; Milk, 2 oz.
2. *Coffee*—R Coffee, 3-16ths oz.; Chicory, 1-16th oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ¾ oz.; Milk 2 oz.
3. *Cocoa*—R Cocoa, 3-16ths oz.; Water, 18 oz.; (officials), 20 oz. (patients); Sugar, ¾ oz.; Milk, 2 oz.  
N.B.—Sugar and Milk are served as a rule mixed in the patients' Tea, Coffee, or Cocoa, but separately in the case of that of the officials.
4. *Porridge*—R Oatmeal, 2½ oz.; Salt, ⅓ oz.; Water, 20 oz.
5. *Rice Soup*—R Rice, 1 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The patients' Fresh Meat on Mondays, and Marrow Bones on Fridays, are boiled in the Rice Soup.
6. *Potato Soup*—R Potatoes, 6 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The Stock from the staff Boiled Mutton on Wednesdays is utilised in the Potato Soup.
7. *Lentil Soup*—Split Lentils, 3 oz.; Water as required. N.B.—Made with the Stock from the staff Boiled Beef on Sundays, along with some Ham Bones and Marrow Bones.
8. *Pea Soup*—R Split Peas, 3 oz.; Water as required. N.B.—Made with Ham Bones and Marrow Bones.
9. *Barley Soup*—R Pot Barley, 1 oz.; Whole Peas (or Fresh Beans), ½ oz.; Fresh Vegetables, 4 oz.; Water as required. N.B.—The patients' Fresh Meat on Wednesdays and Sundays is boiled in the Broth, and served with it. The staff Boiled Meat is cooked and served separately.
10. *Meat Pie*—R Preserved Meat, 3½ oz. (patients), 7 oz. (officials); Flour, 2 oz.; Suet or Dripping, ½ oz.; Water as required.
11. *Beef Tea*—R Lean Beef, 16 oz.; Water, 20 oz.
12. *Mutton Tea*—R Lean Mutton, 16 oz.; Water, 20 oz.
13. *Fish Sauce* (per head)—R Flour, ⅓ oz.; Butter, 1-16th oz.; Milk, 1 oz.
14. *Omelet*—R Eggs, 4 (8 oz.); Milk, 20 oz. (Makes Breakfast Omelet for eight persons).
15. *Steved Rhubarb*—R Rhubarb, 16 oz.; Water, 10 oz.; Sugar, 4 oz.
16. *Rhubarb (or Plum) Dumpling*—R Rhubarb (or Plums), 6 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
17. *Rhubarb (or Plum) Tart*—R Rhubarb (or Plums), 8 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
18. *Apple Dumpling*—R Apples, 6 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1 oz.; Water as required.
19. *Apple Tart*—R Apples, 8 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
20. *Currant Dumpling*—R Flour, 4 oz.; Suet or Dripping, ½ oz.; Currants, ½ oz.; Sugar, 1 oz.; Water as required.
21. *Currant Rice*—R Rice, 1½ oz.; Currants, ½ oz.; Sugar, ½ oz.; Milk, 20 oz.
22. *Rice, Sago, Tapioca, etc. Puddings*—R Rice, 1½ oz.; or Sago, 1½ oz.; or Tapioca, 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
23. *Milk or Corn Flour (or Arrowroot)*—R Corn Flour (or Arrowroot), 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
24. *Milk and Egg Custard*—R Eggs, 2 (4 oz.); Sugar, 1 oz.; Sweet Milk, 20 oz.

### SPECIAL OR SICK DIET.

For all on the Sick List, Patients or Officials, is prescribed by the Physician from the following:—Sweet Milk, Butter Milk, Cream, Gruel; peptonised milk or milk gruel or Benger's Food; bovril, beef tea, meat extracts, meat jellies, clear soups, thick soups, broths; bread and milk, arrowroot, corn flour, tapioca, sago, rice, milk and egg custard; eggs, fish, chicken, minced meat, mutton chops, beef steaks; potatoes, fresh vegetables, fruit; bread, biscuits, butter, cheese; tea, coffee, cocoa, sugar; potash or soda water. Alcoholic stimulants are used only medicinally. The List of Patients on Extras and Stimulants is revised daily by the Assistant Physicians, and weekly by the Medical Superintendent.

C. C. EASTERBROOK, MED. SUPT.





INDUSTRIAL TABLES.—Showing the Amount and Value of the Estimable Work done during the Financial Year, 16th May, 1905, to 15th May, 1906, in certain departments, and distinguishing whether “Towards Accommodation” or “Towards Maintenance” of Patients. The Valuations are made by the Master of Works, for work done by Joiner, Painter, Plumber, Engineer, Electrician, and Night Stoker; by the Steward, for work done by Tailor and Shoemaker, and for Bread from Bakery and Vegetables from Garden; and by the Matron, for work done in Sewing Rooms and Laundry.

#### A.—JOINER (and One Patient).

##### (a)—Towards Accommodation—

Men's Cubicles, ... ..	£12	5	6
Women's Cubicles, ... ..	11	3	6
Lining Ceiling in Laundry, ... ..	1	5	0
Greenhouse Alterations, ... ..	2	13	0
Window Repairs, ... ..	8	5	0
Garden Seat Repairs, ... ..	1	15	0
Doors, and Floor Repairs, ... ..	4	10	0
Wall Lining, etc., Repairs, ... ..	8	5	0
Hanging Pictures, ... ..	0	15	6
Lavatory Repairs, ... ..	2	17	6
Fencing Repairs, ... ..	2	15	0
Cutting Glass, ... ..	1	10	0
New Floor, etc., Assistant Gardener's House, ... ..	2	15	0
Benches, Presses, and Shelving in New Workshops, ... ..	7	10	6
Bakery Repairs, ... ..	0	15	0
Removing Furniture, etc., ... ..	1	3	6
Gramophone Wood Covers, ... ..	1	12	6
Fire Brigade Practice, ... ..	0	18	0
	£72	14	6

##### (b)—Towards Maintenance—

##### Joiner Work—(Continued).

Making Coffins, ... ..	£8	5	0
Ward Furniture Repairs, ... ..	12	15	6
Laundry Repairs, ... ..	10	17	6
Brush Handles, etc., ... ..	1	10	0
	£33	8	0

##### Upholstery Work.

Covering Sofas, Chairs, etc., ... ..	£15	17	6
Lifting and Laying Carpets and Linoleum, ... ..	3	10	6
Covering Tables in Dining Hall, and Wards, ... ..	4	3	0
Covering Forms, Pads, etc., ... ..	3	12	6
	£27	3	6

Total, £72 14s 6d, plus £33 8s, plus £27 3s 6d, equal £133 6 0

## B.—PAINTER (and One Patient).

## Accommodation—

Men's Cubicles, ... ..	£13	5	0
Women's Cubicles, ... ..	12	10	0
Administrative Entrance Hall, and Staircase, ... ..	19	7	6
Men's Villa, ... ..	11	11	0
Women's Villa, ... ..	6	10	0
Steward's House, ... ..	4	13	0
Medical Superintendent's House, ... ..	5	5	0
Head Attendant's House, and Fence, ... ..	5	7	6
Head Gardener's House, ... ..	0	7	6
Assistant Gardener's House, ... ..	3	7	0
Joiner's House, ... ..	0	16	0
Electric Engines, etc., ... ..	5	10	0
Men's Night Attendant's Rooms, ... ..	3	12	6
Lamp Posts in Grounds, ... ..	1	10	0
Men Attendant's Rooms in Wards Nos. I. and IV., ... ..	5	12	6
Nurses' Rooms, ... ..	7	0	0
Fire Alarm and Electric Tubing, ... ..	9	0	0
Touching up Walls, and Woodwork at New Plaster, ... ..	11	10	0
Touching up Furniture, ... ..	3	10	0
Joiner's Workshop, ... ..	1	10	0
Fire Brigade Practice, ... ..	0	18	0
	£132	12	6

## C.—PLUMBER.

## Accommodation—

Firing Steam Boiler, and Attending to Electric Plant, ... ..	£30	12	6
Men's Cubicles, ... ..	3	10	0
Women's Cubicles, ... ..	3	10	0
House Drains, ... ..	3	5	0
Septic Tank, ... ..	4	10	0
Glazing, ... ..	6	15	0
Water Mains, ... ..	3	10	0
Roof Repairs, ... ..	7	0	0
Lavatory Repairs, ... ..	16	0	0
Hot Water System, ... ..	7	0	0
Steam Pipe Repairs, ... ..	5	12	6
Greenhouse, ... ..	2	0	0
Taking down Gas Pipes, and Fittings, ... ..	5	15	0
Tinsmith Work, ... ..	4	10	0
Heating System, ... ..	3	10	0
Fire Brigade Practice, ... ..	0	18	0
	£107	18	0

## D.—ENGINE.

## Accommodation—

Firing Steam Boilers, and Attending to Electric Plant, ... ..	£66	6	9
Men's Cubicles, ... ..	2	10	0
Women's Cubicles, ... ..	2	10	0
Taking down Gas Pipes, and Fittings, ... ..	2	10	0
Steam Pipe Repairs, ... ..	4	5	0
Laundry Extractor, ... ..	6	5	0
Heating System, ... ..	3	10	0



## D.—Continued.

Blacksmith Work, ... ..	£4 10 0
Cleaning Steam Boiler Flues, ... ..	10 10 0
Water Mains, ... ..	1 10 0
Greenhouse, ... ..	0 15 0
Lock Repairs, &c., ... ..	2 10 0
Fire Brigade Practice, ... ..	0 18 0
	<hr/>
	£108 9 9
	<hr/>

## E.—ELECTRICIAN (from 28th June, 1905, to 15th May, 1906).

## Accommodation—

Firing Steam Boilers, and Attending to Electric Plant, ...	£76 16 0
Women's Ward Repairs, ... ..	6 3 0
Men's Ward Repairs, ... ..	4 2 6
Women's Ward Alterations, ... ..	1 10 0
Men's Ward Alterations, ... ..	1 10 0
Men's Cubicles Alterations, ... ..	1 9 3
Women's Cubicles Alterations, ... ..	1 18 3
Boiler House, and Workshops, New Wiring, and Fittings, ...	3 14 0
Fire Alarm Repairs, ... ..	1 1 0
Telephone Repairs, ... ..	0 16 6
Fire Brigade Practice, ... ..	0 15 6
	<hr/>
	£99 16 0
	<hr/>

## F.—NIGHT STOKER (from 31st May, 1905, to 15th May, 1906).

Firing Steam Boilers, Attending to Electric Plant, and Fire Station, ... ..	£69 0 0
	<hr/>

## G.—TAILOR (and Three Patients).

## Maintenance—

Made 27 Tweed Suits at 11s, ... ..	£14 7 0
„ 7 Jackets at 6s, ... ..	2 2 0
„ 8 Vests at 2s, ... ..	0 16 0
„ 30 Pair Tweed Trousers at 3s, ... ..	4 10 0
„ 30 Pair Corduroy Trousers at 2s, ... ..	3 0 0
„ 3 Pair Overalls at 1s, ... ..	0 3 0
„ 2 Canvas Shirts at 1s 6d, ... ..	0 3 0
„ Canvas for Padded Room at 5s, ... ..	0 5 0
„ 1 Bed Quilt at 15s, ... ..	0 15 0
„ 4 Covers for Engines at 2s, ... ..	0 8 0
Cut 172 Pair Drawers at 3d, ... ..	2 3 0
	<hr/>
	£28 12 0
	<hr/>
Repaired 1273 Pair Trousers at 6d, ... ..	£31 16 6
„ 405 Jackets at 1s 6d, ... ..	30 7 6
„ 229 Vests at 6d, ... ..	5 14 6
„ 16 Overcoats at 2s, ... ..	1 12 0
„ 5 Canvas Jackets at 2s 6d, ... ..	0 12 6
„ 22 Pair Overalls at 6d, ... ..	0 11 0
Sundries, ... ..	11 1 0
	<hr/>
	£81 15 0

## G.—Continued.

## Upholstery Work.

Made 24 Window Blinds at 6d,	...	...	...	0	12	0
„ Carpet for Cubicles 19½ hours at 6d per hour,	...	...	...	0	9	9
Cut 66 Bed Mattresses at 3d, ...	...	...	...	0	16	6
Covering 3 Cushions at 2s, ...	...	...	...	0	6	0
Repairing and Binding 5 Mats at 3s, ...	...	...	...	0	15	0
„ 6 Bed Mattresses at 9d, ...	...	...	...	0	4	6
„ Carpet No. 3, 10 hours at 6d per hour,	...	...	...	0	5	0
				<hr/>		
				£3 8 9		
Total,	...	...	...	£113	15	9
				<hr/>		

## H.—SHOEMAKER (and One Patient).

## Maintenance—

Making 4 Pair Men's Boots at 6s, ...	...	...	...	£1	4	0
„ 6 Pair Men's Shoes at 5s, ...	...	...	...	1	10	0
„ 3 Pairs Men's Slippers at 4s, ...	...	...	...	0	12	0
				<hr/>		
				£3 6 0		
Repairing 427 Pairs Men's Boots at 1s 6d, ...	...	...	...	32	0	6
„ 220 Pairs Men's Shoes at 1s 7d, ...	...	...	...	17	8	4
„ 327 Pairs Women's Shoes at 1s 6d, ...	...	...	...	24	10	6
„ 54 Pairs Men's Braces at 3d, ...	...	...	...	0	13	6
„ 42 Pairs Men's Braces at 2d, ...	...	...	...	0	7	0
„ 1 Pair Cricket Gloves at 6d, ...	...	...	...	0	6	6
„ 1 Pad for Room at 6d, ...	...	...	...	0	0	6
„ 1 Letter Bag at 1s 6d, ...	...	...	...	0	1	6
Mountings on Fire Brigade Belt, 1s 6d, ...	...	...	...	0	1	6
Waist Belt, 6d, ...	...	...	...	0	0	6
Fire Brigade Practice, 15 hours at 8½d, ...	...	...	...	0	10	7½
Sundries, ...	...	...	...	6	10	0
				<hr/>		
				£82 4 11½		
				<hr/>		
Total,	...	...	...	£85	10	11½

## I.—BAKER (and One Patient).

## Maintenance—

Received from Bakehouse during year, 6588 dozen 2-lb.					
Loaves at 2s 2d per dozen, ...	...	...	...	£713	14 0

## J.—GARDEN. Supplies for Asylum Garden.

## Maintenance—

## Supplies of Vegetables from Garden.

				Quantity.		Rate.				
				st.	lbs.	s.	d.			
Artichokes,	...	...	...	19	2	1	1	£1	0	5 $\frac{1}{4}$
Beans,	...	...	...	76	8	1	8 $\frac{1}{2}$	6	9	8 $\frac{3}{4}$
Beans—Kidney,	...	...	...	7	3	3	1 $\frac{3}{4}$	1	2	1
Beans—Scarlet,	...	...	...	15	0	2	2	1	12	6
Beetroot,	...	...	...	68	6	1	1 $\frac{1}{2}$	3	18	7 $\frac{1}{2}$
Brussels Sprouts,	...	...	...	125	4	2	4	14	12	4
Cabbage,	...	...	...	1132	5	0	6 $\frac{3}{4}$	32	18	6 $\frac{3}{4}$
Carrots,	...	...	...	4	1	1	2	0	4	9
Cauliflower,	...	...	...	200	13	2	4	23	8	8
Celery,	...	...	...	151	11	2	8	20	11	2
Endive,	...	...	...	167	11	1	5	11	18	7
Greens,	...	...	...	167	3	1	6 $\frac{1}{2}$	13	0	7 $\frac{1}{4}$
Leeks,	...	...	...	165	9	0	6	4	8	2
Lettuce,	...	...	...	93	10	0	9 $\frac{1}{2}$	3	15	1
Mint,	...	...	...	0	1 $\frac{1}{2}$	0	0 $\frac{1}{2}$	0	0	11 $\frac{1}{2}$
Mustard and Cress,	...	...	...	4	1	3	0	0	12	1
Onions,	...	...	...	331	1	0	11 $\frac{3}{4}$	16	8	0
Peas,	...	...	...	34	10	3	2	4	1	0
Parsley,	...	...	...	73	1	3	2 $\frac{1}{4}$	11	13	4
Parsnips,	...	...	...	53	2	0	7 $\frac{1}{2}$	1	13	3 $\frac{1}{4}$
Radishes,	...	...	...	6	12	1	2	0	8	3 $\frac{1}{2}$
Rhubarb,	...	...	...	1067	11	0	4 $\frac{1}{4}$	20	12	6 $\frac{1}{2}$
Savoy,	...	...	...	191	12	0	10 $\frac{1}{2}$	8	9	4 $\frac{3}{4}$
Shallots,	...	...	...	27	1	0	11 $\frac{3}{4}$	1	6	10
Spinach,	...	...	...	4	2	2	4 $\frac{3}{4}$	0	9	7
Turnips,	...	...	...	851	10	0	5 $\frac{1}{4}$	18	11	4
Vegetable Marrow,	...	...	...	61	0	0	10	2	10	11 $\frac{1}{2}$
Tomatoes,	...	...	...	8	11	0	8 $\frac{1}{4}$	4	5	0
								£230 3 10 $\frac{1}{2}$		

## Supplies of Fruit, etc., from Garden—

Apples,	...	...	...	13	10	0	1	£0	16	0
Black Currants,	...	...	...	10	5	0	8	4	16	8
Cucumbers,	...	...	...	2	8	0	4	0	12	0
Gooseberries,	...	...	...	10	0	0	3	1	15	0
Loganberries,	...	...	...	0	5	0	6	0	2	6
Raspberries,	...	...	...	1	11	0	8	0	16	8
Strawberries,	...	...	...	17	11	0	5 $\frac{1}{4}$	5	11	3
								£14 10 1		

## Supplies of Cut Flowers, Plants, etc.—

75 Plants at 12s 6d per week,	...	...	...	32	10	0
Cut Flowers at 3s per week,	...	...	...	7	16	0
Christmas and New Year Decorations,	...	...	...	10	0	0
				£50 6 0		
Total Supplies from Garden,				...	...	£294 19 11 $\frac{1}{2}$



## K.—SEWING ROOMS—(Clothing Made and Repaired).

## Maintenance—

## Women's Clothing.

284	Flannel Semmits at 4d each,	...	...	...	£4	14	8
140	Chemises at 6d,	...	...	...	3	10	0
24	Petticoats at 6d,	...	...	...	0	12	0
179	Night Dresses at 6d,	...	...	...	4	9	6
45	Patients' Serge Dresses at 3s,	...	...	...	6	15	0
190	Patients' Print Dresses at 3s,	...	...	...	28	10	0
36	Laundry Blouses at 8d,	...	...	...	1	4	0
6	Dance Dresses at 7s 6d,	...	...	...	2	5	0
8	White Underskirts at 6d,	...	...	...	0	4	0
10	Tweed Capes at 4s 6d,	...	...	...	2	5	0
60	Ties (with lace ends) at 4d,	...	...	...	1	0	0
385	Patients' Aprons at 2d,	...	...	...	3	4	2
9	Patients' Sunbonnets at 6d,	...	...	...	0	4	6
277	Pairs Stockings at 9d,	...	...	...	10	7	9
240	(Re-footed) Stockings at 4d,	...	...	...	4	0	0
					£73	5	7

## Men's Clothing.

242	Flannel Semmits at 6d each,	...	...	...	£6	1	0
367	Shirts at 1s,	...	...	...	18	7	0
60	Nightshirts at 8d,	...	...	...	2	0	0
173	Pairs Drawers at 1s,	...	...	...	8	13	0
100	Ties at 2d,	...	...	...	0	16	8
373	Pairs Socks at 8d,	...	...	...	12	8	8
430	Re-footed Socks at 4d,	...	...	...	7	3	4
					£55	9	8

## Bedding and Napery.

208	Sheets at 2d each,	...	...	...	£1	14	8
48	Draw Sheets at 2d,	...	...	...	0	8	0
200	Bolster Cases at 4d,	...	...	...	3	6	8
223	Pillow Cases at 4d,	...	...	...	3	14	4
144	Mattress Slips at 1s,	...	...	...	7	4	0
60	Bed Ticks at 1s,	...	...	...	3	0	0
42	Tablecloths at 2d,	...	...	...	0	7	0
48	Kitchen Towels at ½d,	...	...	...	0	2	0
50	Bath Towels at 1d,	...	...	...	0	4	2
40	Chair Covers and Cushions at 8d,	...	...	...	1	6	8
12	Doyleys at 8d,	...	...	...	0	8	0
90	Shrouds at 4d,	...	...	...	1	10	0
800	Bandages at ½d,	...	...	...	1	13	4
24	Toilet Covers at 6d,	...	...	...	0	12	0
					£25	10	10

## Uniform.

24	Blue Serge Dresses at 4s each,	...	...	...	£4	16	0
72	Print Dresses at 4s,	...	...	...	14	8	0
200	Aprons at 9d,	...	...	...	7	10	0
100	Caps at 6d,	...	...	...	2	10	0
69	Attendants' Aprons at 6d,	...	...	...	1	14	6
					£30	18	6

## Repairs.

42,500	Articles of Clothing repaired at 1d,	...	...	...	177	1	8
Total,					£362	6	3

## L.—LAUNDRY—(Washing).

## Maintenance—

300,814	Articles washed and dressed at 1d,	...	...	...	£1253	7	10
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# TREASURER'S FINANCIAL TABLES.

*(For the Year 16th May, 1905, to 15th May, 1906).*

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FINANCIAL TABLE I.

PROVIDING ACCOUNT

RECEIPTS.								Total the Y
I. <i>Assessment on District—</i>								
1. County of Ayr, ...	...	...	...	...	...	£2674	18 9	
2. Burgh of Ayr, ...	...	...	...	...	...	407	1 7	
3. Burgh of Kilmarnock, ...	...	...	...	...	...	327	7 4	
4. Burgh of Irvine,...	...	...	...	...	...	90	12 4	
								£3,500 0
II. <i>Loans Borrowed on the Security of Assessments</i> , under the provisions of the Statute, ...								21,000 0
III. <i>Estimated Rent of Farm</i> , paid from the Maintenance Account, on account of Farm Lands acquired by purchase, and of Farm Buildings and Improvements, ...								100 0
IV. <i>Other Receipts</i> , ...								0 0
<i>Statement of Balance</i> against the Board at 15th May, 1906, ...								2,588 2
Total, ...								£27,188 2

TOTAL COST PER BED (PROVIDING ACCOUNT).

N.B.—Accommodation of Asylum on 15th May, 1906, for 650 Patients. Total Cost per Bed including everything under “Providing Account,” since origin of Asylum in 1869 up to 15th May, 1906, £160,415 6s 1d ÷ 650 = £246 15s 10d.



the Year ending 15th May, 1906.

## FINANCIAL TABLE I.

PAYMENTS.				Total for the Year.	Total Expend. since Origin of Asylum.
<i>Balance against Board at 15th May, 1905,</i>				£1205 17 2	
<i>Land (exclusive of Farm Lands)—</i>					
1. Purchase of Asylum Grounds.					
2. Rent of Asylum Grounds, Feu-Duty, and Stipend, ...				153 18 4	£5,788 4 6
<i>Asylum Buildings, Additions, Alterations &amp; Improvements—</i>					
1. Improvement of Grounds, ...	£1252	2	7		
2. Mason, ...	5038	9	3		
3. Carpenter, ...	3379	5	3		
4. Plumber, ...	1541	7	6		
5. Slater, ...	830	1	11		
6. Lath and Plaster, ...	515	2	7		
7. Painting, Glazing, and Papering, ...	143	15	5		
8. Smith and Founder Work, ...	202	14	0		
9. Heating and Ventilating, ...	855	3	5		
10. Architect, ...	445	19	0		
11. Plant for Electric Light, ...	1622	5	9		
				15,826 6 8	113,092 9 8½
<i>Expenditure on Farm—</i>					
1. Purchase of Farm Lands, ...	£0	0	0		
2. Farm Buildings and Walls, Additions, Alterations and Repairs, ...	0	0	0		
3. Draining, Fencing, etc., ...	0	0	0		
				0 0 0	7,522 13 3½
<i>Furniture and Furnishings (comprising the outlay for the complete equipment of the Asylum, and of additions to it, and the cost of articles rendered necessary by increase of population)—</i>					
1. Household Furnishings, ...	£0	0	0		
2. Ironmongery and Cutlery, ...	20	1	7		
3. Bedcoverings, ...	5	7	6		
4. Table Linen and Towelling, ...	0	0	0		
5. Mattresses and Upholstery, ...	40	1	0		
6. Carpeting, etc., ...	0	0	0		
7. Joiner-work and Cabinet-work, ...	24	0	0		
8. Stoneware and Glass, ...	0	0	0		
9. Minor Furnishings, ...	28	7	9		
				117 17 10	9,307 18 5½
<i>Miscellaneous Expenses—</i>					
1. Interest paid on Bank Account, ...	£138	6	9		
2. Law, ...	115	12	10		
3. Insurance, ...	76	10	0		
4. Printing, Advertising, Stationery, and Incidents, ...	53	14	6		
5. Taxes Levied on Owner, ...	133	5	9		
				517 9 10	3,484 9 6½
<i>Loans—</i>					
1. Instalment of Loans, ...	£8000	0	0		
2. Interest on Loans (less Income Tax, amounting to £73 4s 6d), ...	1366	12	8		
				9,366 12 8	19,100 3 11
<i>Expenses for first year after opening of Asylum, borne by Capital Account, under provisions of Section 54, 20 and 21 Vic., cap. 71, ...</i>					
					2,119 6 8
Total, ...	£27,188	2	6		
Total Expenditure on Asylum up to 15th May, 1906, ...					£160,415 6 1

FINANCIAL TABLE II.

MAINTENANCE ACCOUNT

RECEIPTS.										Total for the Year
Statement of Balance in favour of Board at 15th May, 1905, ... ..										£487 17
I. Board of Patients—										
1. Board receivable during Year (at fixed Rate of £27 6s since 14th November, 1901), ... ..										£13,581 15 11
2. Extra Outlays on Patients during Year, for Funeral Expenses, Removals, etc., ... ..										56 6 2
										£13,638 2 1
Less—Board Repayable for Patients Dead or Discharged before Expiry of Quarter,... ..										47 19 5
										13,590 2
II. Farm and Garden Produce, etc.—										
1. Value of Produce Sold—										
Pigs, ... ..										£623 15 0
Grazings, ... ..										50 6 2
										£674 1 2
2. Value of Produce supplied to Asylum—										
Green Vegetables, ... ..										£230 3 10½
Fresh Fruits, ... ..										14 10 1
Kitchen Waste for Piggery, ... ..										26 0 0
										270 13 11½
										944 15
III. Other Receipts—										
Interest on Deposit Receipt, ... ..										£0 13 6
Rags, Bones, and Old Iron Sold, ... ..										11 8 8
										12 2
Total, ... ..										£15,034 17

1905-1906.—COST PER HEAD (MAINTENANCE ACCOUNT).

	Men.	Women.	Total
Average Number of Patients resident during Financial Year, ...	243·9	251·8	495·7
Average Number of Officials Boarded wholly or in part during Financial Year, ... ..	37	42	
Total, ... ..	280 9	293·8	574·7

N.B.—Maintenance Expenses (£12,656 14s 1d), less Profit on Farm and Garden Account (£3 12s 11½d) and Sales of Old Iron, etc. (£12 2s 2d), £12,273 18s 11½d), divided by 495·7 equals £24 15s 2½d, the Net Cost of Maintenance per Patient during Financial Year.

PAYMENTS.				Total for the Year.
<i>Maintenance of Patients and Expenses—</i>				
<i>i. Food—</i>				
1. Provisions Bought, .. .. .	£4748	19	0 $\frac{1}{2}$	
2. Value of Produce supplied from Garden, ..	244	13	11 $\frac{1}{2}$	
				£4993 13 0
<i>ii. Clothing, Boots and Shoes, etc., .. .. .</i>				771 4 3
<i>iii. Medicines and Surgical Appliances, .. .. .</i>				95 8 1
<i>iv. Wines, Spirits, and Malt Liquors, .. .. .</i>				19 2 6
<i>v. Tobacco, .. .. .</i>				137 14 7
<i>vi. Miscellaneous—</i>				
1. Taxes and Public Burdens levied on Occupier, ..	£65	8	9	
2. Interest paid on Bank Account, .. .. .	0	0	0	
3. Incidents (e.g. Postages, Printing, Stationery, Advertising, Conveyance, Amusements, etc.), ..	361	5	11 $\frac{1}{2}$	
				426 14 8 $\frac{1}{2}$
<i>vii. Salaries and Wages—</i>				
1. <i>Officers</i> (viz., 1 Medical Superintendent, 2 Assist. Physicians, a1 Consulting Physician, a1 Chaplain a1 Treasurer, a1 Clerk of Works, 1 Steward, a1 Asst. Steward, 1 Matron, 1 Asst. Matron, 1 Head Attendant, and 2 Gardeners), .. .. .	1843	18	0	
2. <i>Attendants and Tradesmen</i> (viz., 30 Attendants, a1 Engineer, 1 Electrician, 1 Plumber, 1 Joiner, 1 Painter, 1 Night Stoker, 1 Shoemaker, a1 Tailor, a1 Baker, and 1 Messenger, .. .. . a Non-Resident.	1541	9	5	
3. <i>Nurses and Servants</i> (viz., 30 Nurses, 1 Dress-maker, 1 Cook, 1 Kitchenmaid, 1 Hallmaid, 2 Housemaids, 1 Landdress, and 3 Laundrymaids)	803	0	4	
				4188 7 9
<i>viii. Institution Necessaries—</i>				
1. Fuel, .. .. .	£925	13	7	
2. Light, .. .. .	32	15	0	
3. Water, .. .. .	257	17	1	
4. Laundry and Household Requisites, .. .. .	335	5	5 $\frac{1}{2}$	
5. Furniture and Furnishings (comprising the Outlay for the Replacement and Repair of all Furniture and Furnishings worn or destroyed in the ordinary course of Asylum Management—				
1. Household Furnishings, .. .. .	£45	0	6	
2. Ironmongery and Cutlery, .. .. .	26	9	7	
3. Bedcoverings, .. .. .	142	12	6	
4. Table Linen and Towelling .. .. .	32	7	9	
5. Mattresses and Upholstery .. .. .	50	1	2	
6. Carpeting, .. .. .	22	7	0	
7. Joiner-work & Cabinet-work .. .. .	40	4	4	
8. Stoneware and Glass, .. .. .	98	19	3	
9. Minor Furnishings, .. .. .	14	16	0	
	472	18	1	
				2024 9 2 $\frac{1}{2}$
				£12,656 14 1
<i>Farm and Garden Expenses—</i>				
<i>i. Estimated Rent of Farm Lands</i> acquired by Purchase, and of Buildings and Improvements, paid by the Maintenance Account to the Providing Account, .. .. .				
				£100 0 0
<i>ii. Pigs, .. .. .</i>				289 0 0
<i>iii. Implements, Manure, Seeds, Fodder, Paid Labour, etc., .. .. .</i>				154 2 2
<i>iv. Value of Kitchen Waste</i> supplied to Piggery, .. .. .				26 0 0
				569 2 2
<i>Extra Expenses for Funerals, Remonals, etc.,</i> chargeable over and above Maintenance, ..				£56 6 2
<i>Statement of Balance in favour of Board at 15th May, 1906—</i>				
Due by National Bank of Scotland, Ltd., Ayr, ..				£1666 19 11
Plus—On Deposit Receipt at Bank, .. .. .	£45	7	4	
On Deposit Receipt at Bank, .. .. .	5	9	8	
				50 17 0
Plus—Petty Cash on hand at Asylum, .. .. .				34 18 2
				1752 15 1
Total, .. .. .				£15,034 17



## FINANCIAL TABLE III.

## FARM and GARDEN ACCOUNT

*For the Year ending 15th May, 1906.*

## RECEIPTS.

	Total for the Year
Pigs Sold, ... ..	£623 15
Grazings Let, ... ..	50 6
Value of Produce supplied from Garden to Asylum—	
1. Green Vegetables, ... ..	£230 3 10½
2. Fresh Fruits, ... ..	14 10 1
	<hr/>
	244 13
Value of Kitchen Waste supplied to Piggery, ... ..	26 0
Valuation of Pigs in Stock at 15th May, 1906, ... ..	172 15
	<hr/>
Total, ... ..	£1117 10

## PAYMENTS.

	Total for the Year
Valuation of Pigs in Stock at 15th May, 1905, ... ..	£177 15
Estimated Rental of Farm Lands acquired by purchase, and of Buildings and Improvements, paid by Maintenance Account to Providing Account, ... ..	100 0
Value of Kitchen Waste received for Piggery, ... ..	26 0
<i>Ordinary Expenditure—</i>	
1. Pigs Bought, ... ..	£289 0 0
2. Implements, ... ..	19 15 4
3. Seeds and Plants, ... ..	57 7 4
4. Fodder, Grain, Roots, and Feeding Stuffs, ... ..	44 9 4
5. Manures, ... ..	28 13 2
6. Paid Labour, ... ..	3 17 0
7. Incidents, ... ..	0 0 0
	<hr/>
	443 2
Balance in favour of Farm and Garden, ... ..	370 12 1
	<hr/>
Total, ... ..	£1117 10

N.B.—*Amount of Land in Occupation of Asylum, 119½ Acres, occupied thus—*

- (1) Buildings, 4 Acres; (2) Recreation and Ornamental Grounds, 24 Acres; (3) Wood Roads, and Railway, 14 Acres; (4) Vegetable, Fruit, and Flower Gardens, 10 Acres; (5) Crops, 0 Acres; (6) Pasture Lands, 67½ Acres.

JAM. E. SHAW, *Treasurer*  
JAMES HUTTON, C.A., *Auditor.*

the Year ending 15th May, 1906.

## FINANCIAL TABLE I.

PAYMENTS.				Total for the Year.	Total Expend. since Origin of Asylum.
<i>Balance against Board at 15th May, 1905,</i>				£1205 17 2	
<i>Land (exclusive of Farm Lands)—</i>					
1. Purchase of Asylum Grounds.					
2. Rent of Asylum Grounds, Feu-Duty, and Stipend, ...				153 18 4	£5,788 4 6
<i>Asylum Buildings, Additions, Alterations &amp; Improvements—</i>					
1. Improvement of Grounds, ...				£1252 2 7	
2. Mason, ...				5038 9 3	
3. Carpenter, ...				3379 5 3	
4. Plumber, ...				1541 7 6	
5. Slater, ...				830 1 11	
6. Lath and Plaster, ...				515 2 7	
7. Painting, Glazing, and Papering, ...				143 15 5	
8. Smith and Founder Work, ...				202 14 0	
9. Heating and Ventilating, ...				855 3 5	
10. Architect, ...				445 19 0	
11. Plant for Electric Light, ...				1622 5 9	
				15,826 6 8	113,092 9 8½
<i>Expenditure on Farm—</i>					
1. Purchase of Farm Lands, ...				£0 0 0	
2. Farm Buildings and Walls, Additions, Alterations and Repairs, ...				0 0 0	
3. Draining, Fencing, etc., ...				0 0 0	
				0 0 0	7,522 13 3½
<i>Furniture and Furnishings (comprising the outlay for the complete equipment of the Asylum, and of additions to it, and the cost of articles rendered necessary by increase of population)—</i>					
1. Household Furnishings, ...				£0 0 0	
2. Ironmongery and Cutlery, ...				20 1 7	
3. Bedcoverings, ...				5 7 6	
4. Table Linen and Towelling, ...				0 0 0	
5. Mattresses and Upholstery, ...				40 1 0	
6. Carpeting, etc., ...				0 0 0	
7. Joiner-work and Cabinet-work, ...				24 0 0	
8. Stoneware and Glass, ...				0 0 0	
9. Minor Furnishings, ...				28 7 9	
				117 17 10	9,307 18 5½
<i>Miscellaneous Expenses—</i>					
1. Interest paid on Bank Account, ...				£138 6 9	
2. Law, ...				115 12 10	
3. Insurance, ...				76 10 0	
4. Printing, Advertising, Stationery, and Incidents, ...				53 14 6	
5. Taxes Levied on Owner, ...				133 5 9	
				517 9 10	3,484 9 6½
<i>Loans—</i>					
1. Instalment of Loans, ...				£8000 0 0	
2. Interest on Loans (less Income Tax, amounting to £73 4s 6d), ...				1366 12 8	
				9,366 12 8	19,100 3 11
<i>Expenses for first year after opening of Asylum, borne by Capital Account, under provisions of Section 54, 20 and 21 Vic., cap. 71, ...</i>					2,119 6 8
Total, ...				£27,188 2 6	
Total Expenditure on Asylum up to 15th May, 1906, ...					£160,415 6 1

FINANCIAL TABLE II.

MAINTENANCE ACCOUNT

RECEIPTS.							Total for the Year
<i>Statement of Balance in favour of Board at 15th May, 1905,</i> ... ..							£487 17
I. <i>Board of Patients</i> —							
1. Board receivable during Year (at fixed Rate of £27 6s since 14th November, 1901), ... ..							£13,581 15 11
2. Extra Outlays on Patients during Year, for Funeral Expenses, Removals, etc., ... ..							56 6 2
							£13,638 2 1
<i>Less</i> —Board Repayable for Patients Dead or Discharged before Expiry of Quarter,... ..							47 19 5
							13,590 2
II. <i>Farm and Garden Produce, etc.</i> —							
1. Value of Produce Sold—							
Pigs, ... ..							£623 15 0
Grazings, ... ..							50 6 2
							£674 1 2
2. Value of Produce supplied to Asylum—							
Green Vegetables, ... ..							£230 3 10½
Fresh Fruits, ... ..							14 10 1
Kitchen Waste for Piggery, ... ..							26 0 0
							270 13 11½
							944 15
III. <i>Other Receipts</i> —							
Interest on Deposit Receipt, ... ..							£0 13 6
Rags, Bones, and Old Iron Sold, ... ..							11 8 8
							12 2
Total, ... ..							£15,034 17

1905-1906.—COST PER HEAD (MAINTENANCE ACCOUNT).

	Men.	Women.	Total
Average Number of Patients resident during Financial Year, ...	243·9	251·8	495·7
Average Number of Officials Boarded wholly or in part during Financial Year, ... ..	37	42	79
Total, ... ..	280 9	293·8	574·7

N.B.—Maintenance Expenses (£12,656 14s 1d), less Profit on Farm and Garden Account (£12s 11½d) and Sales of Old Iron, etc. (£12 2s 2d), £12,273 18s 11½d), divided by 495·7 equals £24 15s 2½d, the Net Cost of Maintenance per Patient during Financial Year.



PAYMENTS.				Total for the Year.
<i>Maintenance of Patients and Expenses—</i>				
<i>i. Food—</i>				
1. Provisions Bought, .. .. .	£4748	19	0 $\frac{1}{2}$	
2. Value of Produce supplied from Garden, ..	244	13	11 $\frac{1}{2}$	
				£4993 13 0
<i>ii. Clothing, Boots and Shoes, etc., .. .. .</i>				771 4 3
<i>iii. Medicines and Surgical Appliances, .. .. .</i>				95 8 1
<i>iv. Wines, Spirits, and Malt Liquors, .. .. .</i>				19 2 6
<i>v. Tobacco, .. .. .</i>				137 14 7
<i>vi. Miscellaneous—</i>				
1. Taxes and Public Burdens levied on Occupier, ..	£65	8	9	
2. Interest paid on Bank Account, .. .. .	0	0	0	
3. Incidents (e.g. Postages, Printing, Stationery, Advertising, Conveyance, Amusements, etc.), ..	361	5	11 $\frac{1}{2}$	
				426 14 8 $\frac{1}{2}$
<i>vii. Salaries and Wages—</i>				
1. <i>Officers</i> (viz., 1 Medical Superintendent, 2 Assist. Physicians, a1 Consulting Physician, a1 Chaplain a1 Treasurer, a1 Clerk of Works, 1 Steward, a1 Asst. Steward, 1 Matron, 1 Asst. Matron, 1 Head Attendant, and 2 Gardeners), .. .. .	1843	18	0	
2. <i>Attendants and Tradesmen</i> (viz., 30 Attendants, a1 Engineer, 1 Electrician, 1 Plumber, 1 Joiner, 1 Painter, 1 Night Stoker, 1 Shoemaker, a1 Tailor, a1 Baker, and 1 Messenger, .. .. . a Non-Resident.	1541	9	5	
3. <i>Nurses and Servants</i> (viz., 30 Nurses, 1 Dress-maker, 1 Cook, 1 Kitchenmaid, 1 Hallmaid, 2 Housemaids, 1 Laundress, and 3 Laundrymaids)	803	0	4	
				4188 7 9
<i>viii. Institution Necessaries—</i>				
1. Fuel, .. .. .	£925	13	7	
2. Light, .. .. .	32	15	0	
3. Water, .. .. .	257	17	1	
4. Laundry and Household Requisites, .. .. .	335	5	5 $\frac{1}{2}$	
5. Furniture and Furnishings (comprising the Outlay for the Replacement and Repair of all Furniture and Furnishings worn or destroyed in the ordinary course of Asylum Management—				
1. Household Furnishings, .. .. .	£45	0	6	
2. Ironmongery and Cutlery, .. .. .	26	9	7	
3. Bedcoverings, .. .. .	142	12	6	
4. Table Linen and Towelling .. .. .	32	7	9	
5. Mattresses and Upholstery .. .. .	50	1	2	
6. Carpeting, .. .. .	22	7	0	
7. Joiner-work & Cabinet-work .. .. .	40	4	4	
8. Stoneware and Glass, .. .. .	98	19	3	
9. Minor Furnishings, .. .. .	14	16	0	
	472	18	1	
				2024 9 2 $\frac{1}{2}$
				£12,656 14 1
<i>Farm and Garden Expenses—</i>				
<i>i. Estimated Rent of Farm Lands acquired by Purchase, and of Buildings and Improvements, paid by the Maintenance Account to the Providing Account, .. .. .</i>				
				£100 0 0
<i>ii. Pigs, .. .. .</i>				289 0 0
<i>iii. Implements, Manure, Seeds, Fodder, Paid Labour, etc., .. .. .</i>				154 2 2
<i>iv. Value of Kitchen Waste supplied to Piggery, .. .. .</i>				26 0 0
				569 2 2
<i>Extra Expenses for Funerals, Removals, etc., chargeable over and above Maintenance, ..</i>				
				£56 6 2
<i>Statement of Balance in favour of Board at 15th May, 1906—</i>				
Due by National Bank of Scotland, Ltd., Ayr, ..				£1666 19 11
Plus—On Deposit Receipt at Bank, .. .. .	£45	7	4	
On Deposit Receipt at Bank, .. .. .	5	9	8	
				50 17 0
Plus—Petty Cash on hand at Asylum, .. .. .				34 18 2
				1752 15 1
Total, .. .. .				£15,034 17

## FINANCIAL TABLE III.

## FARM and GARDEN ACCOUNT

*For the Year ending 15th May, 1906.*

## RECEIPTS.

										Total for the Year
Pigs Sold, ... ..	...	...	...	...	...	...	...	...	...	£623 15
Grazings Let, ... ..	...	...	...	...	...	...	...	...	...	50 6
Value of Produce supplied from Garden to Asylum—										
1. Green Vegetables, ... ..	...	...	...	...	...	...	£230	3	10½	
2. Fresh Fruits, ... ..	...	...	...	...	...	...	14	10	1	
										244 13
Value of Kitchen Waste supplied to Piggery, ... ..	...	...	...	...	...	...	...	...	...	26 0
Valuation of Pigs in Stock at 15th May, 1906, ... ..	...	...	...	...	...	...	...	...	...	172 15
Total, ... ..	...	...	...	...	...	...	...	...	...	£1117 10

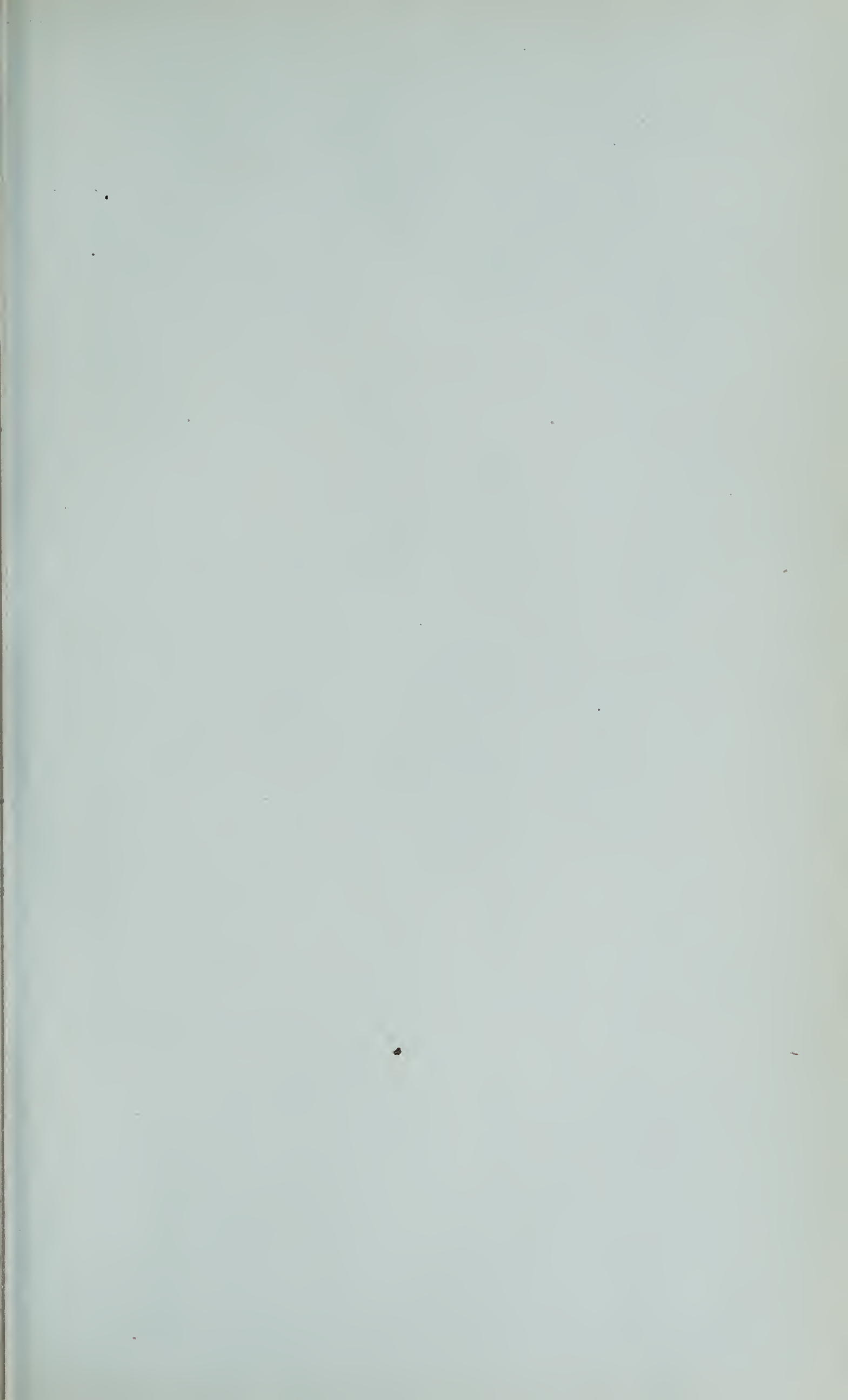
## PAYMENTS.

										Total for the Year
Valuation of Pigs in Stock at 15th May, 1905, ... ..	...	...	...	...	...	...	...	...	...	£177 15
Estimated Rental of Farm Lands acquired by purchase, and of Buildings and Improvements, paid by Maintenance Account to Providing Account, ... ..	...	...	...	...	...	...	...	...	...	100 0
Value of Kitchen Waste received for Piggery, ... ..	...	...	...	...	...	...	...	...	...	26 0
Ordinary Expenditure—										
1. Pigs Bought, ... ..	...	...	...	...	...	...	£289	0	0	
2. Implements, ... ..	...	...	...	...	...	...	19	15	4	
3. Seeds and Plants, ... ..	...	...	...	...	...	...	57	7	4	
4. Fodder, Grain, Roots, and Feeding Stuffs, ... ..	...	...	...	...	...	...	44	9	4	
5. Manures, ... ..	...	...	...	...	...	...	28	13	2	
6. Paid Labour, ... ..	...	...	...	...	...	...	3	17	0	
7. Incidents, ... ..	...	...	...	...	...	...	0	0	0	
										443 2
Balance in favour of Farm and Garden, ... ..	...	...	...	...	...	...	...	...	...	370 12
Total, ... ..	...	...	...	...	...	...	...	...	...	£1117 10

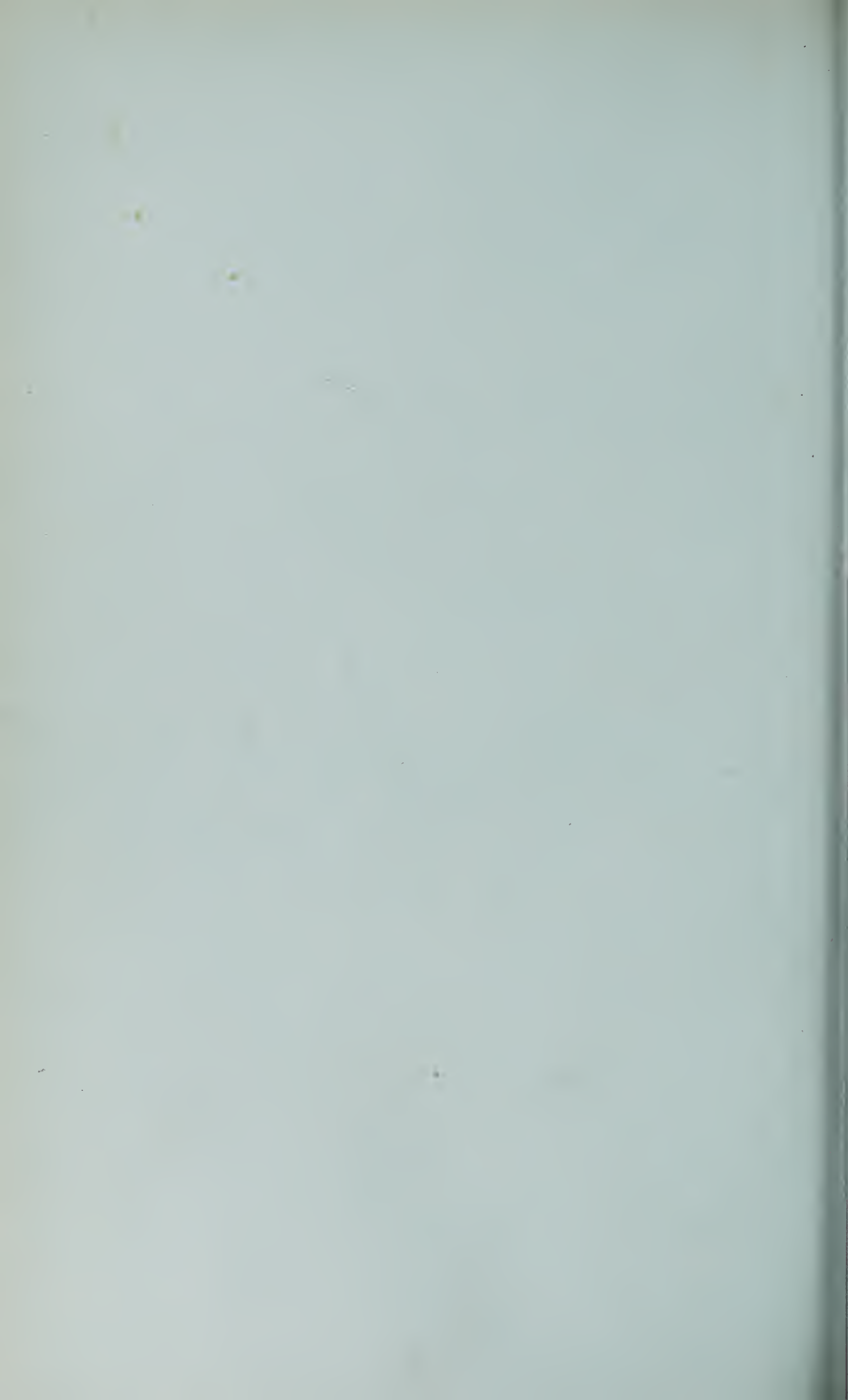
N.B.—Amount of Land in Occupation of Asylum, 119½ Acres, occupied thus—

- (1) Buildings, 4 Acres; (2) Recreation and Ornamental Grounds, 24 Acres; (3) Woods, Roads, and Railway, 14 Acres; (4) Vegetable, Fruit, and Flower Gardens, 10 Acres; (5) Crops, 0 Acres; (6) Pasture Lands, 67½ Acres.

JAM. E. SHAW, *Treasurer*  
JAMES HUTTON, C.A., *Auditor*.









AYR DISTRICT ASYLUM,  
AYR.

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THIRTY-SEVENTH  
ANNUAL REPORT,  
1907.







Men's Villa.

Main Buildings.

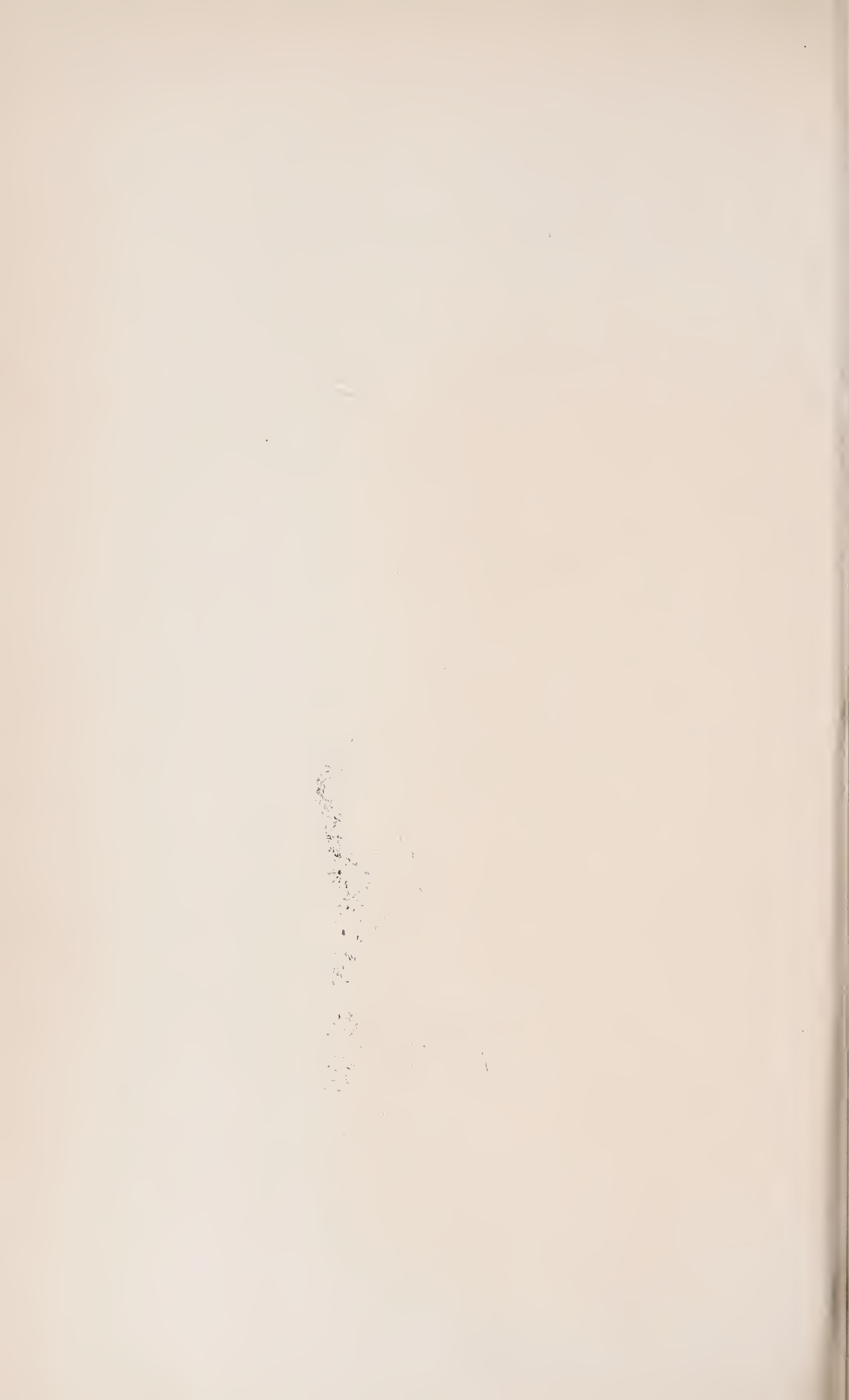
Women's Villa.

New Hospital.

Isolation Hospital.

## **AYR DISTRICT ASYLUM.**





THIRTY-SEVENTH  
ANNUAL REPORT  
OF THE  
AYR DISTRICT ASYLUM  
FOR THE  
COUNTY OF AYR,  
GLENGALL BY AYR.

---

1907.

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Medical and Administrative Statistics for the Year  
1st January to 31st December, 1907.

Financial and Industrial Statistics for the Year,  
16th May, 1906, to 15th May, 1907.

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AYR :

Printed by FERGUSON & Coy., at the *Observer* Offices.

1908





# AYR DISTRICT LUNACY BOARD.

(Nine Members elected by the County Council, and three Members by the Royal and Parliamentary Burghs).

J. C. MONTGOMERIE of Dalmore, (*Chairman*).

R. M. DAVIDSON of Drumley.

JOHN GOLDIE, Newmilns.

Captain HUNTER BLAIR of Blairquhan.

R. A. OSWALD of Auchincruive.

H. M. POE, Pyperstone, Hollybush.

Colonel J. G. STURROCK, Thorntoun House, Kilmarnock.

JAMES WALKER, Kilbirnie.

JAMES WYLLIE, Elmslie, Baillieston.

Provost GEMMILL, Kilmarnock.

Colonel H. A. VINCENT, Ayr.

Provost KIRKLAND, Irvine.

(Three a quorum.)

## **House Committee.**

J. C. MONTGOMERIE of Dalmore (*Convener.*)

R. A. OSWALD of Auchincruive.

Provost GEMMILL, Kilmarnock.

H. M. POE, Pyperstone, Hollybush.

JOHN GOLDIE, Newmilns.

(Two a quorum.)

## **Farm and Garden Committee.**

H. M. POE, Pyperstone, Hollybush (*Convener.*)

J. C. MONTGOMERIE of Dalmore.

R. M. DAVIDSON of Drumley.

(Two a quorum.)

*Clerk and Treasurer*—JAMES ED. SHAW, County Buildings, Ayr.

## ASYLUM STAFF.

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<i>Medical Superintendent,</i>	-	G. DOUGLAS M'RAE, M.D , F.R.C.P. Ed.
<i>Senior Assistant Physician,</i>	-	A. R. MACINTYRE MACILRAITH, L.R.C.P., S.E.
<i>Junior Assistant Physician,</i>	-	FRED G. HARPER, M.B., Ch.B.
<i>Consulting Physician,</i>	-	CHARLES HOLLAND SKAE, M.D.
<i>Visiting Chaplain,</i>	-	Rev. S. MARCUS DILL, Alloway.
<i>Matron,</i>	-	Miss MARY CHRISTIE.
<i>Assistant Matron,</i>	-	Miss M. S. WARRACK.
<i>Head Attendant,</i>	-	Mr JOHN A. CARNEGIE.
<i>Master of Works,</i>	-	Mr WILLIAM MORRISON.
<i>Steward,</i>	-	Mr ARTHUR J. TREMAYNE.
<i>Assistant Steward,</i>	-	Mr JAMES M'DONALD.
<i>Gardener,</i>	-	Mr GEORGE CROCKATT.
<i>Assistant Gardener,</i>	-	Mr JOHN KAYE.

### *Clinical Assistants.*

Mr FRED G. HARPER (July, August and September, 1907).

Mr W. O. WALKER (August and September, 1907).



# Medical Superintendent's Annual Report.

- 
- i. Medical Facts.
  - ii. Administrative History.
  - iii. Asylum Buildings and Estate.
  - iv. Finance.
- 

MR CHAIRMAN AND GENTLEMEN,

I have the honour to submit the 37th Annual Report of the Ayr District Asylum for the year 1907, with the Reports of the Commissioners in Lunacy for Scotland, and various Statistical Tables. The Medical Tables contain the Statistics for the year 1st January to 31st December 1907; the Financial and Industrial Tables contain the returns for the year, 16th May, 1906, to 15th May, 1907.

## I.—MEDICAL FACTS.

On the 1st of January, 1907, there were on the Asylum Register 488 patients, of whom there were 239 men and 249 women. During the year there were 198 admissions, of whom there were 103 men and 95 women; 125 discharges, of whom there were 60 men and 65 women; and 62 deaths, of whom there were 35 men and 27 women, thus leaving on the Register on the 31st of December, 1907, 499 patients, of whom there were 247 men and 252 women, or 11 patients more than at the commencement of the year.

The total number of patients under treatment was 686, of whom there were 342 men and 344 women. The average daily number on the Register was 511, of whom there were 248 men and 263 women, the corresponding number for 1906 being 488, namely 241 men and 247 women. There has thus been an increase of 23 in the average resident population during 1907.

During the year the recoveries numbered 81, comprising 38 male and 43 female cases; and 44 patients were discharged unrecovered, of whom there were 22 men and 22 women. The *Recovery Rate*, based on the total admissions (including transfers from other institutions, etc.), was 40·9 per cent. (men 36·8, women 45·2), and based more accurately on the receptions or number of persons admitted directly from the community owing to the onset of a fresh attack of insanity, that is on the number of persons certified

as insane and placed under control for the first time during the existing attack, was 50·3 per cent. (men 46·6, women 54·4).

The *Death Rate*, based on the total number under treatment, was 9·0 per cent. (men 10·2, women 7·8), and on the average resident population was 12·1 per cent. (men 14·1, women 10·2).

Owing to the present spare accommodation at the Asylum, it became possible during 1907—after an interval of thirty years—to again admit private patients at low rates from the County. During the year 40 such patients (17 men and 23 women) were under treatment, 17 of these who had been admitted as rate-paid cases becoming transferred to the private list, and 23 being received straightway as private patients. These figures show that there is a demand in the County for the accommodation of private patients with limited means, and the policy of the Board in meeting this demand so long as there are the beds to spare, means not only that the parishes are relieved of the maintenance of such patients, but also that the patients themselves avoid the further misfortune at a trying time of having their names added to the Roll of Poor, not to mention that the spirit of independence is encouraged amongst them and their relatives.

During the year also it has been possible to accommodate temporarily, at a remunerative rate, 31 patients belonging to the parish of Renfrew, 19 of these being transferred from Riccarton Asylum, Paisley, which had become overcrowded, and 12 being received as direct admissions from Renfrew. Of the 499 patients in the Asylum on the 31st December, 1907, 20 belonged to Renfrew parish, 18 were private cases from the County of Ayr, and 461 were chargeable to Ayrshire parishes, as compared with the 488 residents on the 1st of January, 1907, all of whom were rate-paid Ayrshire cases. Hence although there has been an increase of the residents during the year, there were 27 fewer chargeable to Ayrshire parishes at the end of the year as compared with the beginning.

During 1907 there were more admissions (198) than in any previous twelve months of the Institution; but if the 31 Renfrew cases be deducted and also the 23 directly admitted private cases from Ayrshire, the 144 remaining closely approximates the 149 or average admission rate from the County during the past 15 years. Of the 44 parishes of Ayrshire, Ayr sent the most patients, 28 Kilmarnock coming next with 19; and at the end of the year the parishes with most patients in the Asylum were Ayr with 94, Kilmarnock with 57, Stevenston with 26

Admission of  
Private  
Patients.

Temporary  
Accommodation  
of Renfrew  
Parish Patients.

Relative  
Chargeability  
to Parishes of  
Ayrshire  
(Table XX.)



and Dundonald with 21, each of the remaining parishes having less than 20 patients.

On the 1st of January, 1907, at which date the population of the County was estimable at 270,000, there were officially known to the General Board of Lunacy 663 insane persons chargeable to Ayrshire parishes, giving a ratio of pauper lunacy to population in the County during 1907 of 245 per 100,000, or 2·45 per 1000. According to similar estimates made in previous Annual Reports, the corresponding figure per 100,000 was 248 in 1906, 253 in 1905, 260 in 1904, and 265 in 1903, Ayrshire with its rising population thus shewing a falling ratio of its officially known rate-paid lunacy. The latter of course does not include a considerable reserve of unrecovered insane and weak-minded persons, who, being supported neither on the rates nor by guardians for profit, are not recognised in the official lunacy statistics.

Since the opening of the Asylum in 1869 there have been fully 5000 admissions, nearly 2200 recoveries, fully 1000 non-recoveries and 1300 deaths, and there remain nearly 500 patients in the Institution.

#### A.—THE ADMISSIONS.

As 1 man and 1 woman were admitted twice during the year, the 198 admissions represented 196 persons, of whom there were 102 men and 94 women. Of the 196 persons, 47 were transfers from other institutions and from the community, and represented mainly confirmed insane persons who had already on some former occasion during the existing attack been certified and placed under control but had never recovered. The remaining 149 persons (75 men and 74 women) or receptions, represented the individuals who were certified as insane and placed under control for the first time during the existing attack, and of the 149 persons 33 (12 men and 21 women) had suffered from one or more previous attacks of certified insanity but had recovered from them, whilst the remaining 116 persons (63 men, 53 women) represented those who had been certified as insane and placed under control for the first time in their lives.

The following are the medical particulars relating to the 149 Receptions, the 75 men and 74 women sent to the Asylum owing to the onset of a first or a fresh attack of insanity.

Six of the Receptions, 4 males and 2 females, were congenital imbeciles who had never previously been certified as insane; three of them had suffered from epilepsy since birth or infancy, and all had become



unmanageable at home. Their mean age on admission was 22·6 years, and the other statistics relating to them are contained in the Medical Tables.

143 Acquired Cases.

Age, and  
Conjugal State  
(Table II.)

Nationality and  
Religion.  
(Table III.)

Education and  
Occupation.  
(Table IV.)

Causes and  
Kinds of  
Insanity.  
(Tables V., VI.,  
VII., and VIII.)

As to the 143 Receptions with "acquired" insanity, 71 men and 72 women, their mean age on admission was 42·5 years (men 42·2, women 42·7), the youngest patient being a boy of 15 and the oldest a man of 78. The majority belonged to the middle period of life with its struggle and wear and tear, three-fifths of the patients being between 30 and 60 years, fully one-fifth below 30 years, and the remainder above 60. Sixty-four patients were single, 62 married, and 17 widowed. One hundred and thirty were of Scottish, 7 of Irish, and 6 of English extraction; and 129 were Presbyterians, 6 Roman Catholics, 4 Episcopalians, 2 Plymouth Brethren, 1 Baptist, and 1 Moravian. The majority, 118, had received a moderate (primary) education, 11 were well educated, and 2 had received a professional education; but 6 were able to read only, and 6 could neither read nor write. The occupations of the acquired cases were, following the Registrar General's classification, industrial in 63 instances, domestic in 59, agricultural in 9, commercial in 8, and professional in 4.

As to the causation of the attacks of insanity among the Receptions, their family histories (which were obtained in 90 per cent. of the cases) revealed the occurrence amongst the near relatives of mental and nervous disorders in 72 per cent., and of shocks of paralysis and apoplexy in 9 per cent.; also of consumption and other tubercular diseases in 19 per cent., of rheumatism in 8 per cent., and of cancer and of heart disease each in 5 per cent. The marked frequency of psychosis and neurosis among their relatives, though not direct, was at least strong presumptive evidence of nervous instability in the patients themselves. Incidentally it may be mentioned that a history of tubercle, which in my experience comes next in frequency to psychosis and neurosis amongst the relatives of the insane, was more common than usual among the relatives of this year's Receptions; and further that a larger proportion than usual of the patients themselves were suffering from tubercle, these belonging mostly to the families yielding a history of consumption, thus emphasizing the importance of the hereditary factor in the case of tubercle, a disease to which the insane are specially liable. Turning from the family to the personal data, the more direct evidence presented by the Receptions themselves from their former life history, disposition, habits and illnesses, and from their physique and bodily state, one found that nearly all were persons with atypical

disposition or faulty habits, that fully one-half had been the subject of some earlier mental or nervous disorder of greater or less importance, or showed some actual congenital defect, and that nearly one-half presented a nervous physiognomy or physical signs of degeneracy. These facts when ascertained and put side by side in each individual case showed clearly that the Receptions were persons of a nervous constitution, inherited or acquired, possessed of a brain which ordinarily re-acted abnormally to its surroundings, and so succumbed to such factors as shock, grief, worry, anxiety, privation, overwork, exhaustion, alcoholism or other poisonings, illness or injury, which were stated to be the "exciting causes" of the attacks in the various cases, but which are insufficient to "cause" insanity in an individual of stable nervous system, although they may lower his nervous tone and make him unduly irritable and excitable, and therefore no longer a stable but a potential subject for an attack in the future, unless in the meantime he regains his nervous tone and equilibrium.

As to the kinds of insanity exhibited by the Receptions, apart from the congenital cases, the great majority of the patients, 72 per cent. (43 men and 60 women) suffered from the constitutional insanities, represented chiefly by melancholia and mania, delirium confusion and stupor, dementia and epileptic insanity. Thirteen of the patients (10 men and 3 women) or 9 per cent. (men 14·0; women 4·1) were the subject of alcoholic insanity proper, and 12 (10 men and 2 women) or 8·3 per cent. (men 14·0, women 2·7) had general paralysis of the insane, these figures being lower than those of the preceding year in the case of both diseases.

Previous to admission many of the Receptions had exhibited suicidal and homicidal tendencies, suicide having been meditated by at least 36 persons and attempted in various ways by another 19, whilst homicidal assaults were threatened by 37 persons and attempted by other 33. At the time of admission the degree of reduction of bodily and mental health was marked in the great majority of the patients, but as regards the duration of their mental disorder 72 per cent. had been less than six months ill, 15 per cent. from six months to two years, while 13 per cent. including the congenital cases were chronic.

#### B.—THE DISCHARGES.

As 1 man and 1 woman were discharged twice during the year, the 125 discharges represented 123 persons, namely 59 men and 64 women, of whom 79 (37 men and 42 women) had recovered, while 44 (22 of each sex) were



The Recoveries.  
(Tables XII.,  
XIII. and XIV.)

unrecovered, 38 of the latter (19 of each sex) being improved, and the remaining 6 (3 of each sex) unimproved. The majority (28) of the unrecovered patients were placed under care of their relatives or of suitable guardians, whilst the remainder (16) were removed to other institutions. Apart from 15 alcoholic cases, the kinds of insanity recovered from were mainly, in 60 cases, those of the constitutional group, comprising chiefly melancholia, mania, delusion and stupor. The mean age on recovery was 39 years. The total duration of the illness was less than six months in 66 per cent., between six months and two years in 26 per cent., and more than two years in 7 per cent. The duration of the illness before admission had been less than six months in 98 per cent., a fact pointing to the importance of early treatment. The length of residence in the asylum in the case of the recoveries was less than six months in 76 per cent., between six months and two years in 18 per cent., and more than two years in 6 per cent.

Open air rest  
and its effect on  
the recovery  
rate and the  
length of  
Asylum treat-  
ment.

In connection with the sanatorium treatment of the acute insane by rest in bed in the open air, a method which I have carried out systematically at Ayr Asylum since the opening of the New Hospital in September, 1906, it is interesting to compare the years 1905, 1906 and 1907 as regards the recovery rate and the length of asylum residence of the recoveries. The recovery rate was 42 per cent. (men 46.1, women 37.7) in 1905, 54.5 per cent (men 53.0, women 56.8) in 1906, and 50.3 per cent (men 46.6, women 54.4) in 1907. The length of asylum residence of the recoveries was less than half a year in 60 per cent. in 1905, in 65 per cent. in 1906, and in 76 per cent. in 1907; was from half a year to two years in 29 per cent. in 1905, in 25 per cent. in 1906, and in 18 per cent. in 1907; and was more than two years in 11 per cent. in 1905, in 10 per cent. in 1906, and in 6 per cent. in 1907. It may perhaps be unsafe to base conclusions on these limited figures, but they suggest that the system of open air rest has had some influence in improving the recovery rate during the past two years, and in shortening the period of asylum residence. The economic significance of the above results is obvious.

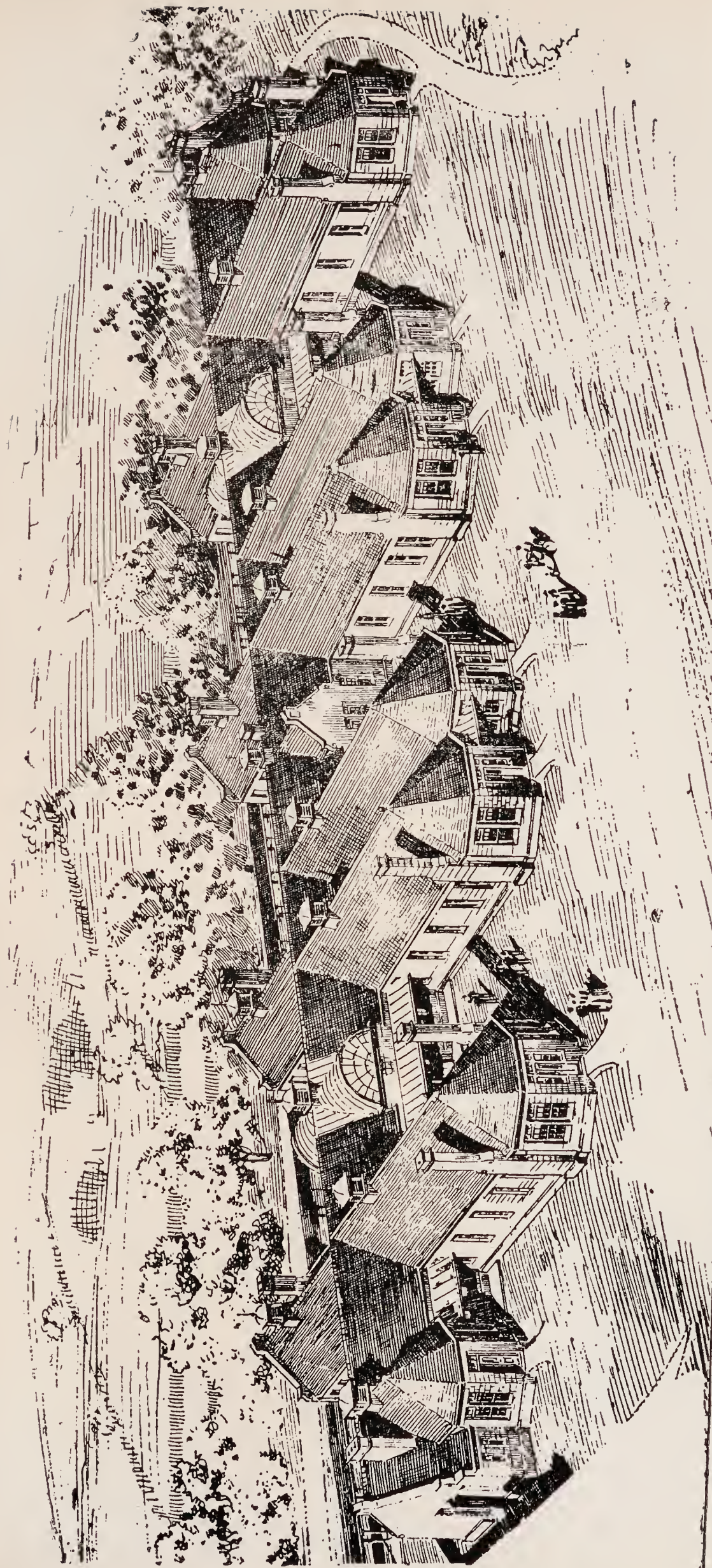
#### C.—THE DEATHS.

The Deaths.  
(Tables XV.,  
XVI. and XVII.)

The number of deaths during the year was 62, men 35 and women 27, giving a percentage of 12.1 (men 14.1, women 10.2) on the average resident population, this being greater than the rate of mortality in 1906, namely 10.6, but less than that in 1905, namely 13.6. The principal causes of death, which were natural in all instances, and



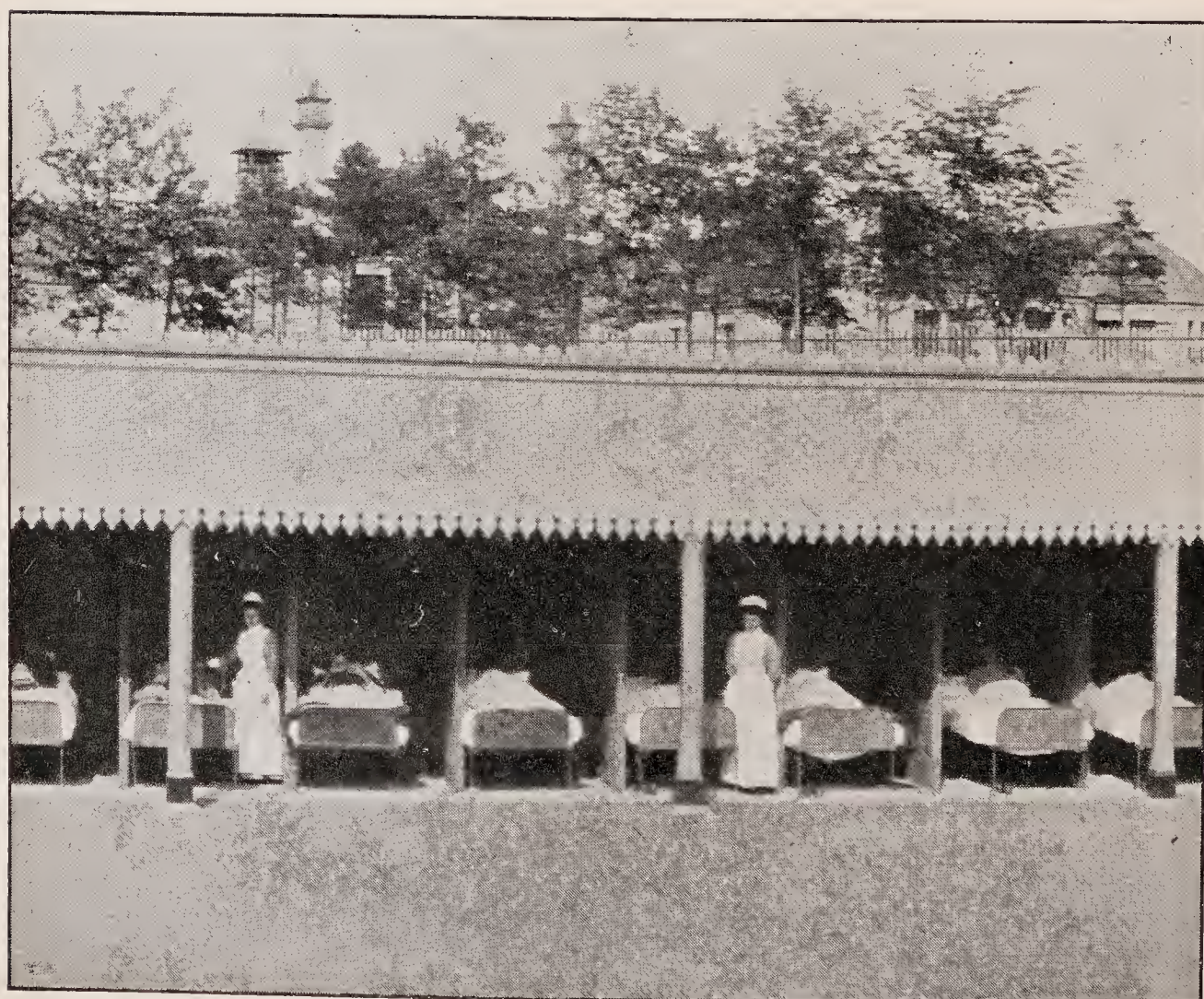
· AYR · DISTRICT · ASYLUM · NEW · HOSPITAL ·







AYER DISTRICT ASYLUM. WOMEN'S RECEPTION WARD VERANDAH AT HOSPITAL.  
Showing treatment of active insanity by rest in bed in the open air.



AYER DISTRICT ASYLUM. WOMEN'S VERANDAH AT MAIN BUILDINGS (Central Portion).  
Showing treatment of active insanity by rest in bed and isolation in the open air.



were verified by post mortem examination in 89 per cent., were general paralysis in 19 per cent. (17 per cent. in 1906), tubercle in 19 per cent. (21 per cent. in 1906), and senile decay in 16 per cent. The mean age at death was 51·8 years (men 49·7, women 54·5). Those who died comprised amongst others 12 general paralytics, 10 demented, 9 epileptics, 7 maniacs and 6 melancholiacs. At the time of death 18 per cent. had been ill mentally for less than six months, 24 per cent. for from six months to two years, and 58 per cent. for more than two years; and 31 per cent. of the deaths occurred within six months of residence, 22 per cent. between six months and two years, and 47 per cent. had been in residence longer and mostly for many years.

#### D.—RESIDENT POPULATION.

Health. Apart from a few cases of influenza in the first and third quarters, and the occurrence of erysipelas in one patient who had had former attacks of this affection, the asylum was free from zymotic disease.

Air  
Test The application throughout the Institution of the principle of continuous exposure to the fresh air of the open during ordinary daylight hours has been the main feature of the year in the treatment of the patients, and has undoubtedly benefited their health, contentment and conduct generally. With the exception of the bedridden and weakest cases in the hospital wards, the patients are out in the open air from 7 a.m. to 7.30 p.m. daily during the spring and summer months; during the months of November, December and January they are out by 9 a.m., and during the months September to March they are indoors by 5 p.m. This applies not only to patients who are able to be up and about, but also to those are being treated with rest in bed on account of the presence of active mental symptoms, including acute newly admitted, chronically excited, and relapsing cases. The beds for these patients occupy the hospital and main Asylum verandahs, which are suitably sheltered from wind and rain and face the south; isolation of the more excitable chronic patients has been secured by means of wooden partitions between the beds in the verandahs at the main buildings. The verandah patients receive all their meals out of doors during the spring and summer months. The patients who are not confined to bed mostly take their meals indoors meantime; but except at these times, and at the hours of indoor work in the case of those who are occupied in the kitchen and laundry and at other domestic employments, the able-bodied patients are out in the open air daily for as long a period as possible during the various



seasons ; and although 1907 was on the whole a cold and wet year, there were not many days on which, owing to the inclemency of the weather, it was not possible to carry out the open air régime with safety and benefit to those concerned. There has been a noticeable improvement in the condition of the skin, appetite, sleep, weight and nutrition, and in the general contentment of the patients ; and there has been a diminution of noisy excitement, especially at nights, with the result that the employment of sedatives and hypnotics has been even less than formerly. On several occasions there has been a succession of nights in the men's and women's divisions during which it was unnecessary to administer a single hypnotic or sedative. For the combined open air and rest "cure" or sanatorium treatment of the insane it may be fairly claimed that it ameliorates their condition and promotes their recovery ; and a further effect of the open air régime which may be expected in the future is a reduction in the mortality from tubercle, to which the insane are specially susceptible.

## II.—ADMINISTRATIVE HISTORY.

### A.—THE PATIENTS.

#### A Busy Year.

The activity of changes in the population made the year a specially busy one for the medical and nursing staff, but apart from this fact, and the extension of the sanatorium treatment throughout the Institution as already described, the administrative arrangements of the patients presented no new features, no essential alteration being made in regard to the dietary, clothing, employment, religious ministrations, amusements and recreations of the patients.

### B.—THE STAFF.

#### Changes.

Dr. H. E. Moore resigned in May to take up private practice in England. Dr. A. R. M. MacIlraith was promoted to the post of senior assistant physician, and Dr. Frederick G. Harper, who along with Mr W. O. Walker had acted as clinical assistant during the summer, was appointed to the junior vacancy.

Miss Margaret Alison, who had acted with great acceptance as matron since September, 1901, received the important appointment to the matronship of the latest London County Council Asylum at Longrove, Epsom, and left in April with the best wishes of the staff and patients. Miss Mary Christie, who came to Glengall as assistant matron in 1906, was promoted to the matronship ; and Miss Margaret S. Warrack, who had received her training at Aberdeen Royal Infirmary,

Edinburgh Royal Longmore Hospital, and Larbert Asylum, was appointed to the assistant matronship.

The changes amongst attendants, nurses and servants were few and included no dismissals. Two nurses gained their certificate last May, bringing up the total to twenty-three attendants and nurses, who during the past five years at Glengall have been trained for and won the certificate of the Medico-Psychological Association of Great Britain and Ireland for proficiency in mental nursing. The holders of this certificate receive a bonus of £1 every Christmas as long as they remain in the service of the Institution.

During the last quarter of the year, the staff suffered two sad losses. Mary Willet who was one of our most promising younger nurses, and greatly liked by her patients and fellow-workers, fell a speedy victim to an ulcer of the stomach. James M'Fadzean, who came as joiner to Glengall in 1871, was taken away in the full enjoyment of his work by an affection of the heart. He was our oldest official, and for many years acted also as precentor at the Sunday services, and never failed to brighten our weekly entertainments with a stirring patriotic song or a melody in more tender vein. "James" was loyal to the core, enthusiastic, warmhearted, no eye-servant, and never breathed an unkind word of anyone. He will be much missed for many a long day in the community at Glengall, and at Alloway and in the country-side where he was much liked and respected.

### III.—ASYLUM BUILDINGS AND ESTATE.

The Asylum buildings are in good repair and should suffice for the needs of the county patients for a considerable number of years. The chief work during 1907 has been the repainting of the rooms and corridors of the ground floor of the main buildings.

The weather of 1907 at Glengall was but sparing in its favours. We had our spring in the last week of March and the first week of April, and our summer during the last fortnight of July and the most of September, and apart from mild spells in January and November, the rest of the year was wet, sunless and cold, and the specially wet October throughout the country effectually blighted the hopes for the late harvest of 1907. The supply of vegetables and flowers, however, from the Asylum gardens was satisfactory. All the trees on the estate were carefully inspected as formerly, and trimming and thinning carried out where required. Some of the pasture lands were top-dressed with town refuse, and the other outside operations which



were considerably hampered by the weather, comprised the continuation of the walk round the Asylum fields and improvements at the cricket pitch and curling pond, and a commencement was made with the laying of a tennis and croquet lawn in front of the new administrative building.

#### IV.—FINANCE.

A reference to the Financial Tables, which are for the year, 16th May, 1906 to 16th May, 1907, will show that under Providing or Accommodation Account, the main expenditures, apart from those in connection with loans, were for buildings and furnishings, chiefly the new administrative block and hospital, the main cost of which fell to the preceding year. The total expenditure under Providing Account on the Asylum since its origin in 1869 up to the 15th May, 1907, including everything, namely lands, buildings, farm, furniture and furnishings, interest on loans and miscellaneous expenses, was £170,615 18s 10d, which divided by 650 or the proper day and night accommodation for 650 patients and the accompanying staff, gives £246 15s 10d as the total cost per bed up to date, which includes all expenditures for upkeep and repairs to plant and fabric during 38 years. Apart from the provision of a small chapel for the patients and a few more cottages for married officials—questions which the Board have reserved for future consideration—the Asylum buildings are complete and will meet the needs of the county lunacy for ten or more years; and as regards quality and cost they stand favourable comparison with any Asylum in the country.

Under Maintenance Account, the balance in favour of the Board was increased during the year from £1752 to £2889, and consequently, notwithstanding the considerable increase in the cost of supplies, especially coal and food, during the current year, no increase will be necessary in the maintenance rate, which remains at £26 per annum or 10/- per week.

Under Farm and Garden Account, there was a profit of £311, derived chiefly from the piggery.

The Commissioners in Lunacy paid their official visits in March and October, and their Reports are appended. The Institution also had the honour of visits from the Scottish Division of the Medico-Psychological Association on the 22nd of March, and the Ayrshire Division of the British Medical Association on the 10th of July.

To the members of the staff my grateful acknowledgements are due for their loyal co-operation and faithful services in the work of the Institution, and also my

Financial  
Table I.

Financial  
Table II.

Financial  
Table III.

Visits.

Thanks.



warm thanks for their renewed kindness to me and Mrs Easterbrook on the eve of our departure from Ayr for Dumfries.

ment of  
airman

Before closing this my last report at Glengall, I would refer to the great loss which the Board and the Asylum have sustained at this time by the retirement from the Chairmanship of Colonel R. M. Pollok-Morris of Craig. He joined the Board thirty years ago, and during the past twenty years conducted the business from the chair with an ability and suavity which won him the greatest admiration and respect. He took a constant keen and sympathetic interest in the County Asylum and its people, who greatly appreciated his visits, as also his kind and unostentatious gifts for patients and staff from time to time. Personally, I found his ripe judgement and sympathetic encouragement a great help and stimulus to my work. That he may enjoy better health and much happiness in the days of his retirement is the sincere wish of the community at Glengall.

And lastly, in handing over the reins to my successor and former colleague at Morningside, Dr G. Douglas M'Rae, I would again express to the Board my warm appreciation of their confidence and support during the past six years, and assure them that the knowledge of this has contributed in no small measure to the enjoyment of my work at Glengall.

I have the honour to be,

Mr Chairman and Gentlemen,

Your obedient servant,

C. C. EASTERBROOK, M.D., F.R.C.P. Ed.

Ayr District Asylum,  
10th January, 1908.



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# REPORTS

BY

H.M. THE MEDICAL COMMISSIONERS IN LUNACY

FOR

SCOTLAND.

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Ayr District Asylum,  
29th and 30th March, 1907.

There were 519 patients on the Register of the Asylum on the 29th instant. Of these, 6 males and 11 females are private patients, and 244 males and 258 females are paupers. All the patients were resident, and were consequently individually seen in the course of the visit.

Since 11th October, 1900—one of the dates of the preceding Report—the following changes in the population have taken place:—

	Private Patients.		Pauper Patients.		Total.
	M.	F.	M.	F.	
Admitted ... ..	2	4	46	42	94
Discharged Recovered, ...	0	0	11	10	21
Discharged Unrecovered, ...	0	0	9	5	14
Died, ... ..	0	0	19	10	29

The increase in the number of patients on the Register is 30, 17 of whom are private patients and 13 are paupers. In reference to the increase in the number of paupers, it is necessary to point out that 19 patients chargeable to the Parish of Renfrew have been transferred from the Riccarton Parochial Asylum, Paisley, and 1 as a direct admission. The rate charged for these out district patients is a remunerative one, and it is therefore advantageous to the finances of the Asylum. The paupers chargeable to the parishes of the Ayr Lunacy District have decreased by 7.

The existence of spare accommodation enables the Asylum to be of great service to the community by receiving private patients at low and moderate rates of board. Since last visit 4 males and 7 females have been transferred from the pauper to the private list, and 2 males and 4 females have been admitted as private patients. If the District Board had not resolved to receive private patients, the above changes from the pauper to the private list would not have taken place. There were on 15th May, 1906, 33 pauper patients in this Asylum whose maintenance was wholly repaid from private sources; in other words, they had to become paupers in order to obtain Asylum care and treatment at a rate which they could afford. The accommodation for private patients in straitened circumstances is very limited in Scotland, and it has been repeatedly urged by the General Board that District Boards should by statute be permitted to provide accommodation for such patients, as it would tend to relieve the rates and prevent the stigma of pauperism resting on those who ought not to bear it.

Seven patients, who though not recovered had improved mentally, have been discharged to the care of relatives.

Every inducement is given to Inspectors of Poor to afford patients who are quiet and easily managed a trial under domestic care.

The deaths, the number of which indicates an average mortality, were all due to ordinary and natural causes. They are registered as due to consumption and other tubercular diseases in 8 cases, to brain affections and lesions in 5 cases, to pneumonia in 4 cases, to general paralysis in 4 cases, to heart disease in 3 cases, to senile decay in 3 cases, and to cancer and strangulated hernia each in 1 case. In 28 instances—or in the very commendable proportion of 96.5 per cent. of the deaths—a “post mortem” examination was made. The knowledge that such examinations will be made has a protective influence over the living, and they are also important from a scientific point of view. The careful manner in which the medical casebooks and pathological records are kept is highly creditable to Dr Easterbrook and the Assistant Medical Officers.

No resort has been had to either mechanical restraint or seclusion in the treatment of any patient. There has been no serious accident. One patient escaped by forcing the lower sash of a window, but he was brought back safely on the following day.

The day staff consists of 23 Attendants and 5 Nurses on the male and of 26 Nurses on the female side. The ratio of Staff to patients is 1 to 9 in the male, and of 1 to 10 in the female division. For night duty there are 5 Attendants and 6 Nurses—one of the latter is in charge of the senile and infirm male ward of the Hospital. The placing of this Ward in the hands of Nurses both during the day and during the night is being found most satisfactory in its results, the nursing is more efficient, and the arrangement is beneficial in other ways. The changes in the Staff since last visit are as follows:—5 Attendants and 6 Nurses have resigned, and 5 Attendants and 10 Nurses have been engaged. There have been no dismissals.

The number of patients employed in useful work is 157 men and 167 women, or 324 in all, being 62 per cent. of the number resident. There are 74 men daily engaged in out-door labour, and the sum of work done by them in the garden and grounds is considerable. The grounds to the south of the Hospital have been quickly put into admirable order, and good progress is being made with the new road around the fields. This extension of the means for exercise was most desirable.

The inspection of the new Hospital left a most pleasing impression. In every direction it is admirably designed and equipped for the accommodation of the phthisical, the



newly admitted, and the senile and infirm. It has throughout been furnished in a manner well suited to meet the requirements of these three classes of patients, and nothing seems to have been left undone to secure their comfort and good care. The District Board and Dr Easterbrook are to be congratulated in having provided so excellent and so efficient a Hospital at such a moderate cost.

A favourable report can be given of the general condition of the patients. They were with few exceptions free from noisy excitement and from complaints which were not the outcome of delusions. The appeals for discharge were comparatively few. The clothing of both sexes was suitable, well fitting, and in good repair, and the personal neatness of the inmates was well deserving of praise. The dinner seen during the visit was an abundant and palatable meal. A noteworthy feature in the treatment of the patients is the number in bed in the open air, but protected from sun and rain by the verandahs. Dr Easterbrook finds that rest in bed and fresh air are potent calmatives and restoratives, and that this mode of treatment obviates in a large measure the use of sedatives and of restraint and seclusion. The mortality from phthisis has been high in this Asylum during recent years, due in all probability to overcrowding, but now that this has been relieved, and the open-air treatment adopted it is fully anticipated that the death rate from this malady will considerably decrease.

The wards were found in good order and comfortably furnished. Those on the ground floor in the main Asylum have been painted in pleasing colours and rendered cleaner and brighter in aspect. The dormitories and bedding were in a satisfactory state. The systematic manner in which the newspapers, periodicals, and magazines are distributed throughout the various sections of the Asylum deserves to be mentioned.

An experimental alarm of fire was given during the visit, and in three minutes the water was playing on the roof of the building signalled as being on fire. The fire extinguishing appliances and arrangements, and the training of the fire brigade appear to be as complete as possible.

Dr Easterbrook's administration of the Asylum is marked by great ability and earnestness, and his treatment of the patients by high professional skill.

The registers and books were examined and found regularly, correctly, and neatly kept.

(Signed) JOHN FRASER,  
Commissioner in Lunacy.

Ayr District Asylum,  
7th and 8th October, 1907.

The following Statement shows the present state of the Asylum and the changes which have occurred since last visit:—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
On register 29th March, 1907; ...	8	14	242	255	519
Admitted since, ... ..	6	7	46	40	99
<b>TOTAL,</b>	<b>14</b>	<b>21</b>	<b>288</b>	<b>295</b>	<b>618</b>
Discharged recovered, .. ...	2	1	23	20	46
Discharged unrecovered, ... ..	1	3	12	6	22
Died, ... ..	3	2	15	11	31
<b>TOTAL,</b>	<b>6</b>	<b>6</b>	<b>50</b>	<b>37</b>	<b>99</b>
On register 7th October, 1907, ...	8	15	238	258	519
Absent on probation, ... ..	0	0	0	3	3
Absent on pass, .. ...	0	0	0	0	0
Absent by escape, ... ..	0	0	0	0	0
<b>Resident at this date,</b>	<b>8</b>	<b>15</b>	<b>238</b>	<b>255</b>	<b>516</b>

In the above figures effect has been given to the transference since last visit of one male patient from the private to the pauper list, and of three men and three women from the pauper to the private list. All the resident patients were seen in the course of the visit.

Included in the total number of inmates given above are 21 patients, 9 men and 12 women, who are boarders from the Renfrew District. The recovery rate has been gratifyingly high averaging over 46 per cent. of the admissions.

The patients discharged unrecovered were disposed of as follows:—6 were transferred to other Asylums, 2 were sent to the lunatic wards of poorhouses, 11 were handed over to the care of relatives, and 3 were boarded out in private dwellings.

The deaths are registered as follows:—Seven persons died from senile affections, 6 from phthisis, 4 from general paralysis, 3 from pneumonia or congestion of the lungs, 3 from exhaustion attending attacks of acute mental disease, 2 from epilepsy, and 1 from each of the following diseases namely, spinal disease, heart disease, acute alcoholism, gangrene, intestinal atrophy, and cancer. Post mortem examinations were made in the highly creditable number of 28 instances or in over 90 per cent. of the occurring deaths.



All the above causes of death are natural, and the only point that invites comment is the somewhat large proportion of phthisis. Judging from the dates of admission it is probable that four of the patients who died from this disease contracted it in the Asylum and that two were infected prior to admission. The very vigorous measures taken by Dr Easterbrook to ensure that all his patients are as much as possible in the open air will probably result in stamping out phthisis within the institution.

One accident is recorded, a male patient fell out of bed and sustained a fracture of the neck of the femur. There are no entries in the Register of Restraint and Seclusion.

The changes among the nurses' and attendants have been as follows:—Ten men and 7 women resigned, and 10 men and 9 women were engaged.

Three hundred and fifteen patients, 155 men and 160 women, were industrially employed at the time of the visit. 199 patients, 89 men and 110 women, are incapable of doing work on account of mental or physical weakness, and 2 men refuse to work. Exclusive of assisting attendants in the wards, the chief occupations in which patients are engaged are field and garden labour, which employs 75 men and 7 women; the kitchen and laundry, in which 61 women are employed; and sewing and knitting, which employs 44 women.

A great amount of work has been done by the male patients on the grounds around the buildings both in making roads, in levelling, and in connection with the woods on the estate. A great amount still remains to be done—sufficient, it is understood, to give healthy employment for several years to come.

The condition of the patients throughout the institution was such as to call for unreserved commendation. So far as regards their care they were suitably provided for in every respect. There was a noticeable absence of noise or excitement; it was also remarkable that in the Hospital, where the new and acute cases of mental disease are accommodated, the patients were as quiet and orderly as anywhere else. This fact is probably attributable to the active medical treatment and the methods of nursing, especially to the system of treating such patients in bed in the open air. The treatment of patients by rest in bed in the open air, to which reference was made in the preceding entry, has been further developed by Dr Easterbrook within the last six months. All acute newly admitted cases are placed in bed during the day on the verandahs of the Hospital, and this treatment is continued for as long a time as would formerly be occupied by their stay in bed within the wards. It is asserted in favour of this method that the patients are



less restless, that their appetites improve, and that sleep is promoted. The chronic noisy and troublesome patients, more especially those who are subject to recurrent attacks of insanity, are similarly treated in the old airing courts behind and to the north of the Main Asylum. The old shelters in these courts have been repaired, painted, and divided into compartments by partitions, and in each compartment a bed is placed. In this way, while sheltered from rain and wind, the patient lies practically in the open air. It is claimed that under this form of treatment, the habits and physical health of the patients improve, and that they become much less troublesome. It is also said to have a pronounced effect not only in shortening the duration of recurrent attacks in chronic patients, but also in diminishing the number of such attacks. Finally, patients suffering from phthisis are treated in the same way in the small annexes of the new Hospital. The numbers undergoing this treatment vary from day to day, but the accommodation provided admits of placing 54 patients in bed in the open air. Of these 8 are persons suffering from phthisis (4 of each sex), 16 are acute cases (8 of each sex), and 30 are chronic patients (15 of each sex).

From the necessarily brief inspection of this method now in extensive use in this Asylum, an opinion favourable to it was formed, for the patients were in good bodily health, there were no indications that the system was in any way objectionable to them, but on the contrary they appeared to like it, and some of the patients who had undergone the treatment professed to have benefited by it.

The books and registers were examined and found correct.

(Signed) JOHN MACPHERSON,  
Commissioner in Lunacy.

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MEDICAL  
STATISTICAL TABLES

(DR. EASTERBROOK).

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TABLE I.—ANNUAL ANALYSIS.—Showing a Statistical Analysis of the Movements of the Insane Population and the Results of Treatment in the Asylum during the Statistical Year 1907.

ON 1ST JANUARY, 1907, PERSONS ON ASYLUM REGISTER FOR THE INSANE,					Male. 239	Female. 249	Total. 488
<i>Total Admissions (Cases Admitted)</i> during statistical year, <i>Minus Re-admissions</i> (later admission of same persons once during same year), <i>and Minus Re-re-admissions</i> (do. twice), Leaving <i>Persons Admitted</i> during year, of whom there were :—					103	95	198
1. <i>Transfers</i> (unrecovered insane persons coming from other Habitations), viz. :—					1	1	2
(1) Extranational Transfers, from Habitations in other countries, (e.g.)					0	0	0
(2) Transfers from Institutions in the same country (e.g., Asylums, M. 17, F. 14; Poorhouse Lunatic Wards, M. 1, F. 2),					102	94	196
(3) Transfers from Homes in the same country, ..					27	20	47
2. <i>Receptions</i> (persons certified as insane and controlled for first time during existing attack), viz. :—					0	0	0
(1) Receptions, in whom it was unknown whether the attack was the first or not), ..					18	16	34
(2) Receptions, with one or more prior attacks of insanity, ..					9	4	13
(3) Receptions, with first attack of insanity), ...					75	74	149
Total Cases under Treatment during statistical year, ...					0	0	0
do., ...					12	21	33
Persons					63	53	116
Total Cases under Treatment during statistical year, ...					342	344	686
do., ...					341	343	684
<i>Total Discharges (Cases Discharged)</i> during statistical year, <i>Minus Pre-discharges</i> (earlier discharge of same persons once during same year), <i>and Minus pre-pre-discharges</i> (do. twice), Leaving <i>Persons Discharged</i> during year, of whom there were :—					60	65	125
1. <i>Transfers</i> (unrecovered insane persons going to other Habitations), viz. :—					1	1	2
(1) Extranational Transfers, to Habitations in other countries (e.g., England, M. 1),					0	0	0
(2) Transfers to Institutions in the same country (e.g., Asylums, M. 4, F. 5; Poorhouse Lun. Wards, M. 4, F. 2), ..					59	64	123
(3) Transfers to Homes in same country, ..					22	22	44
<i>Transfers Unimproved</i> , ...					1	0	1
<i>Transfers Improved</i> , ...					8	7	15
2. <i>Recoveries</i> (persons certified as recovered and liberated from control, viz. :—					13	15	28
(1) Recoveries of persons who were Transfers at the time of their admission,					3	3	6
(2) Recoveries do. Receptions do.,					19	19	38
N.B.—Total Cases Discharged Unimproved, ...					37	42	79
Do. Improved, ...					2	2	4
Do. Recovered, ...					35	40	75
Deaths during statistical year, ...					3	3	6
do., ...					19	19	38
Persons					38	43	81
Deaths during statistical year, ...					35	27	62
do., ...					95	92	187
Total Cases Discharged and Died during statistical year,					94	91	185
On 31st December, 1907, Persons on Asylum Register for the Insane, ...					247	252	499
Average Daily Number on Register during statistical year, ...					248	263	511
<i>Recovery Rate</i> during year :—					36.89	45.26	40.90
Number of Total Cases Recovered per 100 of Total Cases Admitted, ...					46.66	54.54	50.30
Number of Recoveries of Receptions per 100 of Receptions Admitted,...					10.26	7.87	9.06
<i>Death Rate</i> during year :—					14.11	10.26	12.13
Number of Deaths per 100 of Persons under Treatment, ..					...	...	...
Number of Deaths per 100 of Average Daily Number on Register, ...					...	...	...

NOTES AND DEFINITIONS.—Tables I. to XX. refer only to Insane Persons. Columns for Private Patients (Male, Female), Rate-Paid Patients (Male, Female), Total (M., F., T.), may be substituted for the right-hand columns of the above Table I. in the case of those Habitations to which such distinctions apply. *Insane Persons* are all persons certified and controlled as insane (including certified and controlled idiots, imbeciles, and defectives) for care and treatment in habitations (institutions and homes) for the insane; or such persons in process of transference from one habitation to another; or such persons while temporarily on leave, or pass, or probation, or trial, or escape from their habitation. *Institutions for the Insane* are all houses in which numbers of insane persons are controlled for institutional care and treatment with a recognised medical and nursing staff in attendance, and include all institutions for idiots, imbeciles, and defectives, and all "lunatic" or "insane" or "mental" asylums, hospitals, colonies, poorhouses or workhouses, reformatories, prisons, state, public or private establishments or houses, or the special "lunatic" or "insane" or "mental" departments of any of these, which provide for the accommodation and the institutional care and treatment of certified insane persons, whether kept for profit or not. *Homes for the Insane* are all houses in which a certified insane person, or a small number of certified insane persons—say not exceeding four, as in Scotland—is controlled for home or family care and treatment, and whether kept for profit or not; and so they include any house in the community to which a Reception is admitted for care and treatment, or to which a Transfer or unrecovered insane person is "transferred" or permanently removed, whether from another home or from an institution, the said house thereby becoming a home for the insane, and remaining so until the said insane person either recovers, or dies, or is again "transferred" or permanently removed from it to some other home or to an institution. *Transfers* are unrecovered insane persons discharged from and admitted to institutions or homes for the insane, owing to the continuance of an attack of insanity, for which original certification and control took place at the time of their Reception or admission into the first institution or home for the insane for care and treatment during the existing attack. In the case of every admission into an institution or a home for the insane, it is necessary for the medical authority in charge (e.g., asylum medical officer, family physician, parochial doctor) to recognise the statistical distinction between the Reception and the Transfer, as the distinction is essential for the accuracy of the *medical* statistics of the Receptions who represent the newly appearing and re-appearing insane persons in a community or country.

The Receptions are dealt with medico-statistically in Tables II. to XI.  
The Recoveries " " Tables XII. to XIV.  
The Deaths " " Tables XV. to XVII.  
Table XVIII. is a general summary on the lines of Table I. for each year of the Institution.  
Additional Tables (XIX., XX., etc.), refer to Voluntary Boarders, if any, and to other matters of local rather than national interest.





TABLE II.—RECEPTIONS—AGE, AND CONJUGAL STATE.—Showing in the Receptions of 1907, (1) the Age on Reception correlated with the Conjugal State, the Congenital Cases being distinguished from the Acquired Cases; (2) the Mean Age on Reception of Congenital Cases and of Acquired Cases; and (3) the Age at onset of the Present Attack in the Acquired Cases.

AGE ON RECEPTION OF RECEPTIONS.	CONJUGAL STATE OF RECEPTIONS.												Total Age on Reception.			Age on Reception of Congenital Cases.			Age at onset of Present Attack in Acquired Cases.		
	Single.			Married.			Widowed.			Unknown.											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 10 years, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
10 years to 14 years,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
15 " 19 "	...	6	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
20 " 24 "	2	5	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
25 " 29 "	6	4	9	1	2	2	...	...	...	...	...	...	...	...	...	...	...	...			
30 " 34 "	5	3	7	0	3	5	...	...	...	...	...	...	...	...	...	...	...	...			
35 " 39 "	4	4	10	2	6	17	...	...	...	...	...	...	...	...	...	...	...	...			
40 " 44 "	6	1	3	11	4	7	...	...	...	...	...	...	...	...	...	...	...	...			
45 " 49 "	2	3	6	3	4	9	...	...	...	...	...	...	...	...	...	...	...	...			
50 " 54 "	3	1	1	5	3	7	...	...	...	...	...	...	...	...	...	...	...	...			
55 " 59 "	0	1	2	4	2	4	...	...	...	...	...	...	...	...	...	...	...	...			
60 " 64 "	1	1	2	2	0	1	...	...	...	...	...	...	...	...	...	...	...	...			
65 " 69 "	1	3	3	0	1	3	...	...	...	...	...	...	...	...	...	...	...	...			
70 " 74 "	0	0	1	2	2	6	...	...	...	...	...	...	...	...	...	...	...	...			
75 " 79 "	1	1	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...			
80 years and over,	0	1	...	2	0	...	...	...	...	...	...	...	...	...	...	...	...	...			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Conjugal State of Congenital Cases,	4	2	6	...	...	...	...	...	...	...	...	...	...	...	...	Mean Age on Reception of Congenital Cases.					
																M. 18.0 years; F. 32.0 years; T. 22.6 years.					
Total Conjugal State,	35	35	70	33	29	62	7	10	17	...	...	...	...	...	...	Mean Age on Reception of Acquired Cases.					
																M. 42.2 years; F. 42.7 years; T. 42.5 years.					

NOTE.—The apparent or approximate age is given in cases in which the exact age is not known.



TABLE III.—RECEPTIONS.—NATIONALITY, AND RELIGION.—Showing in the Receptions of 1907, the Nationality correlated with the Religion, the Congenital Cases being distinguished from the Acquired Cases.

Nationality of Receptions, in order of frequency, and expressed as the precise race of the parents if possible, otherwise as the country of birth.	Religion of Receptions in order of frequency, and expressed as the precise religious sect or cult of the subject, avoiding the use of such general terms as Protestant or Catholic.										Nationality of Congenital Cases.	Total Nationality.
	Religions.						Professing no religion or incapable of religious belief.					
	Presby- terian.	Roman Catholic	Epis- c palian	Baptist.	Moravian	Plymouth Brethren.	Unknown.					
Nationalities.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
Scottish, ...	58 66 124	2 1 3	...	0 1 1	...	1 1 2	...	...	...	3 2 5	64 71 135	
Irish, ...	4 0 4	2 1 3	...	...	...	...	...	...	...	1 0 1	7 1 8	
English, ...	1 0 1	...	3 1 4	...	0 1 1	..	...	...	...	...	4 2 6	
Indeterminate, ...	...	...	...	...	...	...	...	...	...	...	...	
Unknown, ...	...	..	...	...	...	...	...	...	...	...	...	
Religion of Congenital Cases, ...	3 2 5	1 0 1	...	..	...	...	...	...	...	<i>Note on Nationality.</i> — Nationality is expressed as “country of birth” by the Registrar - General of the census; but “race of parents” is more important as a medical fact.		
Total Religion, ...	66 68 134	5 2 7	3 1 4	0 1 1	0 1 1	1 1 2	...	...	...			



TABLE IV.—RECEPTIONS.—EDUCATION, AND OCCUPATION.—Showing in the Receptions of 1907, the Education correlated with the Occupation, the Congenital Cases being distinguished from the Acquired Cases.

Occupation of Receptions expressed as the precise Vocation in the terminology of the Registrar-General of the Census, and arranged in Classes. (See Note).		EDUCATION.												Congenital Cases.	Total. Occupation.				
		Very Good e.g., "Higher" Education in Colleges, &c.						Good e.g., "Secondary" Education.									Incapable of Education.	Unknown.	
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Class.	Vocation.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Professional:—	Physician, -	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
	Law Clerk, -	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
	Police Inspector, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
	Showman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Commercial:—	Auctioneer, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Barman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Business Clerk, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Surfaceman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Industrial:—	Cabman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Seaman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Miner, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Bookbinder, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Painter, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Ironworker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Steelworker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Millworker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Engineman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Storeman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Stonemason, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Plumber, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Woollen Manufacturer, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Joiner, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Pedlar, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Blacksmith, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Bottlewasher, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Grocer, -	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Weaver, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tailor, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Dressmaker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Shoemaker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Instrument maker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Hammerman, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Boilermaker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Plasterer, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cabinetmaker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Model worker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Hawker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Ropeworker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
General Labourer, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Mantlemaker, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Shopgirl, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Agricultural:—	Farmer, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Farm Servant, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fishing:—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Domestic:—	Housewife, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Spinster at home, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Domestic Servant, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Laundress, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unproductive:—	Groom, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Gamekeeper, -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Retired from business, }	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
INCAPABLE OF OCCUPATION, ..		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
UNKNOWN, .. .. .		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
EDUCATION OF CONGENITAL CASES,		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL, EDUCATION, .. .		2	0	2	6	5	11	1	5	6	4	0	4	..	..	..	..	..	..

Note.—Classes of occupations:—Professional, Commercial, Industrial, Agricultural, Fishing, Domestic, and Unproductive.

Note.—Classes of occupations:—Professional, Commercial, Industrial, Agricultural, Fishing, Domestic, and Unproductive.





TABLE V.—RECEPTIONS.—“HEREDITARY” POTENTIALITIES.—Showing in the case of the Families of 65 Males and 70 Females of the Receptions of 1907, in which a Family History, partial or complete, was ascertained, the existence (as acknowledged) amongst the Near Blood Relatives—limited to the two full Parents, full Brothers and Sisters, the four full Grandparents, and Uncles and Aunts by blood relationship only—of Morbid “Hereditary” Affections and Characteristics; and separately, the existence of unusual Longevity or outstanding Noteworthiness; each condition acknowledged to be present in a Family being recorded only once for that Family, namely, in the column of highest degree (nearest the left) for the nearest relative (or group of relatives) exhibiting the condition.

[illegible]





TABLE VI.—RECEPTIONS.—NUMBER OF ATTACK, AND AGE AT ONSET OF FIRST ATTACK. — Showing in the Receptions of 1907, excluding the Congenital Cases and the Cases in which it was unknown whether the Attack was the first or not, (1) the number of Persons with their First Attack correlated with the Age at onset of their Attack; and (2) the number of Persons with one or more Previous Attacks correlated with the age at onset of their First Attack. *N.B.*—"Attack" in this Table means "attack of insanity," and does not include attacks of uncertified psychosis.

Age at onset of First Attack.	First Attacks, that is, Persons with no Prior Attack.	Not First Attacks.									Total Age at onset of First Attack.		
					Persons with One Prior Attack.			Persons with Two or more Prior Attacks.					
		M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.
Under 10 years, ..	...				...				...				...
10 years to 14 years, ...	0 1 1				...				...	0 1 1			
15 „ to 19 „, ...	4 5 9	0 1 1	1 0 1	5 6 11									
20 „ to 24 „, ..	5 7 12	2 1 3	0 1 1	7 9 16									
25 „ to 29 „, ...	4 4 8	1 1 2	2 0 2	7 5 12									
30 „ to 34 „, ...	5 5 10	1 3 4	2 1 3	8 9 17									
35 „ to 39 „, ...	13 8 21	1 0 1	1 1 2	15 9 24									
40 „ to 44 „, ...	3 3 6	0 4 4	0 2 2	3 9 12									
45 „ to 49 „, ...	8 4 12	0 1 1	0 1 1	8 6 14									
50 „ to 54 „, ...	6 1 7	0 1 1	0 1 1	6 3 9									
55 „ to 59 „, ...	2 3 5	...	1 0 1	3 3 6									
60 „ to 64 „, ...	2 3 5	...	0 1 1	2 4 6									
65 „ to 69 „, ...	4 3 7	0 1 1	..	4 4 8									
70 „ to 74 „, ...	1 3 4	...	..	1 3 4									
75 „ to 79 „, ...	2 1 3	...	...	2 1 3									
80 years and over, ...	...	...	...	...									
Total Number of Attack, ..	59 51 110	5 13 18	7 8 15	Total.									











TABLE VIII.—RECEPTIONS. Showing in the Receptions of 1907, the Kinds of Insanity, Congenital and Acquired. (Nosological Classification).

KINDS OF INSANITY—Congenital and Acquired.					M.	F.	T.	M.	F.	T.
<i>The Congenital Insanities—(Amentia),</i>										
Idiocy,	.	.	.	.	1	...	3			
Congenital Imbecility,	.	.	.	.		2				
Congenital Mental Defectiveness or Weak-mindedness,	.	.	.	.		...				
Congenital Moral Imbecility, or Moral Amentia,	.	.	.	.	3	...	3			
Epileptic Amentia Proper (True Epileptic Idiocy and Imbecility)	.	.	.	.		0				
Total,	.	.	.	.				4	2	6
<i>The Acquired Insanities—</i>										
<i>A. The Constitutional Insanities—</i>										
Melancholia,	.	.	.	.	7	19	26			
Mania,	.	.	.	.	10	13	23			
Delirium Insanum (Insane Delirium),	.	.	.	.	1	3	4			
Confusio Insana (Insane Confusion),	.	.	.	.	3	2	5			
Stupor,	.	.	.	.	2	1	3			
Katatonía,	.	.	.	.	0	1	1			
Dementary, Primary and Initial (whether in early, middle, or late life),	.	.	.	.	2	2	4			
Dementia, Secondary or Terminal,	.	.	.	.	1	2	3			
Dulusional and Hallucinatio (Unfixed),	.	.	.	.	5	3	8			
Hallucinatory Monomania (Fixed Unsystematised),	.	.	.	.	1	2	3			
Insanities. Paranoia (Fixed Systematised),	.	.	.	.	0	2	2			
Volitional, Impulsive, and Moral Insanities.	{	Abulia and Phobia (Insane doubt and fear),	.	.	...	...				
	{	Obsessio (Imperative Idea and Action),	.	.	...	...	2			
	{	Dipsomania (Insane Impulsion for Alcohol),	.	.	1	1	1			
	{	Narcomania (Insane for Drugs, e.g., Morphia),	.	.	0	1	1			
	{	Psychopathia Sexualis,	.	.	1	0	1			
	{	Other Impulses Insanae, e.g., Homicidal,	.	.	1	0	1			
	{	Insane Moral Degeneracy or Deterioration,	.	.	2	1	3			
Neuro-Psychoses.	{	Hysteria with Insanity (Hysterical Insanity Proper),	.	.	0	2	2			
	{	Epilepsy with Insanity (Epileptic Insanity Proper),	.	.	5	4	9			
	{	Chorea with Insanity,	.	.	...	...				
	{	Hypochondria with Insanity,	.	.	1	0	1			
	{	Neurasthenia and Psychasthenia with Insanity,	.	.	0	1	1			
Total,	.	.	.	.				43	60	103
<i>B. The Insanities associated with Gross Organic Diseases of the Nervous System—</i>										
General Paralysis (Cerebral and Cerebro-Spinal Tabes) with Insanity,	.	.	.	.	10	2	12			
Locomotor Ataxia (Spinal Tabes) with Insanity,	.	.	.	.	...	...	1			
Cerebral Haemorrhage Embolism or Thrombosis with Insanity,	.	.	.	.	1	0				
Cerebral Tumour (of whatever nature) with Insanity,	.	.	.	.	...	...	2			
Cerebral Sclerosis and Atrophy with Insanity,	.	.	.	.	1	1				
Other Gross Nervous Lesions with Insanity, e.g.,	.	.	.	.	...	...	1			
Progressive Muscular Atrophy with Insanity,	.	.	.	.	1	0	1			
Ascending Myelitis with Paraplegia and Insanity,	.	.	.	.	0	1	1			
Total,	.	.	.	.				13	4	17
<i>C. The Insanities associated with Diseases and Morbid Conditions of Other Parts of the Body—</i>										
Sepsis with Insanity,	.	.	.	.	...	...				
Puerperal Sepsis with Insanity,	.	.	.	.	...	...	3			
Influenza with Insanity,	.	.	.	.	2	1				
Enterica with Insanity,	.	.	.	.	1	0	1			
Other Febrile and Post-Febrile Insanities, e.g., Esyriplas with Insanity,	.	.	.	.	...	...				
Acute Croupous Pneumonia with Insanity,	.	.	.	.	...	...				
Tuberculosis with Insanity,	.	.	.	.	0	1	1			
Syphilis with Insanity,	.	.	.	.	...	...				
Rheumatism with Insanity,	.	.	.	.	...	...				
Gout with Insanity,	.	.	.	.	...	...				
Diabetes with Insanity,	.	.	.	.	...	...				
Carcinoma (and Sarcoma) with Insanity,	.	.	.	.	...	...				
Myxoedema with Insanity,	.	.	.	.	...	...				
Goitre (Exophthalmic), with Insanity,	.	.	.	.	...	...				
Anaemia with Insanity,	.	.	.	.	...	...				
Arteriosclerosis with Insanity,	.	.	.	.	...	...	1			
Cardiac Disease with Insanity,	.	.	.	.	...	...	3			
Pulmonary Disease with Insanity,	.	.	.	.	0	1				
Gastro-Intestinal Catarrh with Insanity,	.	.	.	.	2	1				
Hepatic Disease with Insanity,	.	.	.	.	...	...				
Renal Disease (e.g., Nephritis) with Insanity	.	.	.	.	0	1	1			
Diseases (Specify), of Generative Organs with Insanity,	.	.	.	.	...	...	13			
{ Alcoholism with Insanity,	.	.	.	.	...	3				
{ Morphinism with Insanity,	.	.	.	.	...	...				
{ Cocainism with Insanity,	.	.	.	.	...	...				
{ Chloration with Insanity,	.	.	.	.	...	...				
{ Other Drug Poisonings with Insanity, e.g.,	.	.	.	.	...	...				
{ Plumbism with Insanity,	.	.	.	.	...	...				
{ Other Chemical Poisonings with Insanity, e.g ,	.	.	.	.	...	...				
Total,	.	.	.	.				15	8	23
GRAND TOTAL,										
					75	74	149			





TABLE IX.—RECEPTIONS.—SUICIDAL AND HOMICIDAL TENDENCIES.  
Showing in the Receptions of 1907, the Suicidal and Homicidal  
Tendencies on Reception, distinguishing threats from attempts,  
and specifying the forms of the latter.

Suicide.							M.	F.	T.
Meditated or Threatened, ...	...	...	...	...	...	...	15	21	36
Attempted, by :—									
Precipitation from a Height,...	...	...	...	...	...	...	3	1	4
Cut Throat, ...	..	...	...	...	...	...	2	1	3
Strangulation, ...	...	...	...	...	...	...	1	2	3
Drowning, ...	...	...	...	...	...	...	1	1	2
Self-mutilation, ...	...	...	...	...	...	...	1	1	2
Poisoning,...	...	...	...	...	...	...	1	1	2
Exposure,...	...	...	...	...	...	...	1	0	1
Suffocation, ...	...	...	...	...	..	...	1	0	1
Burning, ...	...	...	...	...	...	...	0	1	1
Total, ...							26	29	55
<b>Homicide.</b>									
Meditated or Threatened, ...	...	...	...	...	...	...	23	14	37
Attempted, by :—									
Assault, ...	...	...	...	...	...	...	26	7	33
Total, ...							49	21	70



TABLE X.—RECEPTIONS.—MENTAL REDUCTION, AND BODILY REDUCTION.  
Showing in the Receptions of 1907, the State of Mental Reduction  
correlated with the Grade of Bodily Health, on Reception.

State of Mental Reduction on Reception.	Grade of Bodily Health on Reception.									TOTAL.				
	1st Class, Fair, viz., Bodily Health not specially below par, and no Local Disease or Injury of Significance.			2nd Class, Poor, viz., Bodily Health below par, or some Local Disease or Injury of distinct Sig- nificance.			3rd Class, Weak viz., Bodily Health much below par, or some Disease or Injury of serious Significance.							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
1st Class, Mild or Simple, viz., Mild degrees of Morbid Depression, Passivity, Exaltation, Excitement, Delirium, or Confusion.	2	1	3	4	14	18	1	2	3	7	17	24		
2nd Class, Moderate, viz., More Marked Degrees of the preceding, or the presence of Hallucination, Delusion, Resistiveness, or Stupor.	6	0	6	23	23	46	5	8	13	34	31	65		
3rd Class, Severe or Intense, viz., more marked Degrees of the preceding, or the presence of Insane Doubt, Fear, Obsession, Impulse, Morbid Moral Sense, Facility, Dementia, Imbecility, or Idiocy.	0	3	3	14	13	27	20	10	30	34	26	60		
TOTAL,	8	4	12	41	50	91	26	20	46	75	74	149		
Total, 1st Class, Mentally Mild and Bodily Fair, - - -												2	1	3
Total, 2nd Class, Mentally Moderate and Bodily Fair or Poor, or Bodily Poor and Mentally Mild or Moderate, - - -												33	37	70
Total, 3rd Class, Mentally Severe and Bodily Fair or Poor or Weak, or Bodily Weak and Mentally Mild or Moderate or Severe, - - -												40	36	76

TABLE XI.—RECEPTIONS.—DURATION OF THE MENTAL DISORDER OR INSANITY.—Showing in the Receptions of 1907, the Duration of the Present Attack of Mental Disorder or Insanity on Reception, distinguishing the Congenital Cases.

DURATION OF MENTAL DISORDER OR INSANITY ON RECEPTION.	M.	F.	T.	M.	F.	T.
Under 1 week, - - -	28	11	39			
1 week and under 1 month, - - -	12	22	34			
1 month and under 3 months, - - -	14	12	26			
3 months and under 6 months, - - -	4	5	9			
Total, 1st Class, Recent or Acute,				58	50	108
6 months and under 1 year, - - -	7	8	15			
1 year and under 1½ years, - - -	2	3	5			
1½ years and under 2 years, - - -	0	1	1			
Total, 2nd Class, Sub-Recent or Sub-Acute,				9	12	21
2 years and under 3 years - - -	1	2	3			
3 years and under 5 years, - - -	3	3	6			
5 years and under 10 years, - - -	0	2	2			
10 years and over (Specify in Decennia), - - -	0	3	3			
Congenital Cases, - - -	4	2	6			
Total, 3rd Class, Persistent or Chronic,				8	12	20
TOTAL,				75	74	149

TABLE XII.—RECOVERIES.—AGE ON RECOVERY, AND DURATION OF ATTACK.—Showing in the Recoveries of 1907, the Age on Recovery correlated with the Total Duration of the Attack.

AGE ON RECOVERY.	TOTAL DURATION OF ATTACK OF INSANITY.										Total.
	Under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 1½ years.	1½ years and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and over.		
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.		
Under 10 years,	...	...	...	...	..	...	...	...	...	...	
10 years to 14 years,	...	...	...	...	..	...	...	...	...	...	
15 "	...	...	...	...	1 0 1	...	...	...	...	...	
20 "	...	...	...	...	...	...	...	...	...	...	
25 "	...	...	...	...	...	...	...	...	...	...	
30 "	...	...	...	...	...	...	...	...	...	...	
35 "	...	...	...	...	...	...	...	...	...	...	
40 "	...	...	...	...	...	...	...	...	...	...	
45 "	...	...	...	...	...	...	...	...	...	...	
50 "	...	...	...	...	...	...	...	...	...	...	
55 "	...	...	...	...	...	...	...	...	...	...	
60 "	...	...	...	...	...	...	...	...	...	...	
65 "	...	...	...	...	...	...	...	...	...	...	
70 "	...	...	...	...	...	...	...	...	...	...	
75 "	...	...	...	...	...	...	...	...	...	...	
80 years and over,	...	...	...	...	...	...	...	...	...	...	
Total,	3 1 4	16 11 27	10 11 21	5 10 15	2 3 5	1 0 1	0 3 3	0 2 2	0 1 1	37 42 79	
Recent or Acute, Sub-Recent or Sub-Acute, Persistent or Chronic.											
M. 29, F. 23, T. 52. M. 8, F. 13, T. 21. M. 0, F. 6, T. 6.											
Mean Age on Recovery,-- M., 39·00 years. F., 39·35 years. Total, 39·18 years.											



of the Kinds of Insanity (Acquired) correlated with the Total Duration of the Attack.

KINDS OF INSANITY (Acquired) FROM WHICH RECOVERY OCCURRED.	TOTAL DURATION OF ATTACK OF INSANITY.											TOTAL.
	Under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 1½ years.	1½ years and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and over.			
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.		
Melancholia, . . . . .	...	3 3 6	1 5 6	1 6 7	...	...	...	...	...	5 14 19		
Mania, . . . . .	1 0 1	2 2 4	5 3 8	1 2 3	0 1 1	1 0 1	...	...	...	10 8 18		
Delirium, . . . . .	...	1 0 1	...	0 1 1	...	...	...	...	...	1 1 2		
Confusio Insana, . . . . .	...	...	1 0 1	...	...	...	...	...	...	1 0 1		
Stupor, . . . . .	...	...	...	0 1 1	0 1 1	...	0 2 2	...	...	0 4 4		
Delusio and Hallucinatio, . . . . .	...	3 1 4	1 0 1	2 0 2	...	...	0 3 3	...	0 1 1	6 5 11		
Dipsomania, . . . . .	...	...	0 1 1	...	...	...	...	...	...	0 1 1		
Epileptic Insanity Proper, . . . . .	...	0 2 2	0 1 1	...	1 0 1	...	...	...	...	1 3 4		
Alcoholic Insanity Proper, . . . . .	2 1 3	8 2 10	...	1 0 1	0 1 1	...	...	...	...	11 4 15		
Tuberculosis with Insanity, . . . . .	...	...	0 1 1	...	...	...	...	...	...	0 1 1		
Gastric Catarrh with Insanity, . . . . .	...	...	2 0 2	...	...	...	...	...	...	2 0 2		
Post-Influenzie Insanity, . . . . .	...	...	...	...	1 0 1	...	...	...	...	1 0 1		
	3 1 4	16 11 27	10 11 21	5 10 15	2 3 5	1 0 1	0 3 3	0 2 2	0 1 1	37 42 79		
Total,	Recent or Acute.			Sub-Recent or Sub-Acute.			Persistent or Chronic.					
	M. 29,	F. 23,	T. 52.	M. 8,	F. 13,	T. 21.	M. 0,	F. 6,	T. 6.			

TABLE XIV.—RECOVERIES.—DURATION OF ATTACK ON RECEPTION, AND LENGTH OF RESIDENCE. Showing in the Recoveries of 1907, the Duration of Attack on Reception, whether to this Asylum or to any other Institution or Home, correlated with the Length of Residence (including absence on leave, pass, probation, trial or escape) in this Asylum or in any other Institution or Home in which the Attack was previously treated.

Duration of Attack on Reception to this or any other Institution or Home.	LENGTH OF RESIDENCE IN THIS OR ANY OTHER INSTITUTION OR HOME, INCLUDING ANY ABSENCE ON LEAVE, PASS, PROBATION, TRIAL, OR ESCAPE.																
	Under 1 month.	1 month and under 3 months.		3 months and under 6 months.		6 months and under 1 year.		1 year and under 1½ years.		1½ years and under 2 years.		2 years and under 3 years.		3 years and under 5 years.		5 years and over.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 week, - - -	3	1	13	5	1	1	0	2	1	2	...	0	1	...	...	...	...
1 week and under 1 month, -	1	0	2	8	2	3	3	3	...	...	...	..	..	...	...	...	...
1 month and under 3 months, -	1	0	5	3	3	4	1	1	...	...	...	0	1	0	1	0	1
3 months and under 6 months, -	..	..	...	...	1	2	...	...	...	...	...	...	...	0	1	...	...
6 months and under 1 year, -	..	..	...	...	...	...	...	...	...	...	0	1	...	...	...	...	...
1 year and under 1½ years, -	...	...	...	...	0	1	...	...	...	...	...	...	...	...	...	...	...
1½ years and under 2 years, -	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 years and under 3 years, -	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 years and under 5 years, -	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 years and over, - - -	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	5	1	20	16	7	11	4	6	1	2	0	1	0	2	0	0	1



TABLE XV.—DEATHS.—AGE AT DEATH, AND CAUSE OF DEATH.—Showing in the Deaths of 1907, the Principal Causes of Death (only the Main Cause of Death in each case being stated), correlated with the Ages at Death, and the number Verified by Post-Mortem Examination.

PRINCIPAL CAUSES OF DEATH.	THE AGES AT DEATH.																	Total.			Verified by Post-Mortem Examination.		
	Under 10 years.	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 years and over.							
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.			
i. General Diseases (Infections, Neoplasms, &c.),	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Tuberculosis (Pulmonalis, Glandularis, &c.),	...	...	...	1 0 1	...	1 0 1	1 0 1	2 1 3	1 0 1	0 1 1	1 0 1	0 1 1	0 2 2	...	...	...	7	5	12	6	5	11	
Lobar Pneumonia,	...	...	...	...	0 1 1	...	...	...	...	...	1 0 1	...	1 0 1	...	...	...	2	1	3	2	1	3	
Influenza with Meningitis,	...	...	...	...	...	0 1 1	...	...	...	...	...	...	...	...	...	...	0	1	1	0	1	1	
Carcinoma,	...	...	...	...	...	...	...	...	1 0 1	...	...	...	...	...	...	...	1	0	1	1	0	1	
Alcoholism (Delirium),	...	...	...	...	...	...	...	...	1 0 1	...	...	...	...	...	...	...	1	0	1	1	0	1	
Gangrene,	...	...	...	...	...	...	...	...	...	...	1 0 1	...	...	...	...	...	1	0	1	1	0	1	
Senile Decay,	...	...	...	...	...	...	...	...	...	...	0 1 1	0 1 1	0 1 1	...	3 2 5	1 1 2	4	6	10	3	5	8	
ii. Diseases of Integumentary and Locomotory Systems,	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
iii. Diseases of Haemopoietic and Glandular Systems,	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
iv. Diseases of Nervous System,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
General Paralysis,	...	...	...	...	..	2 0 2	2 1 3	1 0 1	2 1 3	2 0 2	...	...	1 0 1	...	...	...	10	2	12	8	2	10	
Cerebral Softening and Atrophy,	...	...	...	...	...	...	...	...	...	1 0 1	...	0 1 1	0 1 1	...	...	...	1	2	3	1	2	3	
Epilepsy,	...	...	...	...	1 0 1	1 0 1	...	1 0 1	...	...	..	...	1 0 1	...	...	...	4	0	4	2	0	2	
Cerebral Hæmorrhage,	...	...	...	...	...	...	...	1 0 1	...	...	...	...	...	..	...	...	1	0	1	1	0	1	
Exhaustion from Melancholia,	...	...	..	...	0 1 1	...	0 1 1	...	0 1 1	...	...	0 1 1	...	...	...	...	0	4	4	0	3	3	
Exhaustion from Mania and Chorea,	...	...	...	...	...	...	...	...	...	0 1 1	...	...	...	...	...	...	0	1	1	0	1	1	
Ascending Myelitis,	...	..	...	0 1 1	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	0	1	1	
v. Diseases of Circulatory System,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Valvular Disease of Heart,	...	...	...	...	...	...	...	...	0 1 1	...	..	...	...	...	...	...	0	1	1	0	1	1	
Fatty Degeneration of Heart,	...	...	...	...	...	...	...	...	...	...	1 0 1	...	1 0 1	0 1 1	...	...	2	1	3	2	1	3	
Dilatation of Heart,	...	...	...	...	...	...	1 0 1	...	...	...	...	...	...	...	...	...	1	0	1	1	0	1	
vi. Diseases of Respiratory System,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
vii. Diseases of Alimentary System,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...		
Catarrh and Atrophy of Intestine,	...	...	...	...	...	0 1 1	0 1 1	...	...	...	...	...	..	...	...	...	0	2	2	0	2	2	
viii. Diseases of Urinary System,	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
ix. Diseases of Generative System,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
x. Injuries (Accident or Violence),	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...		
TOTAL,	...	...	...	1 1 2	1 2 3	4 2 6	4 3 7	5 1 6	5 3 8	3 2 5	4 1 5	0 4 4	4 4 8	0 1 1	3 2 5	1 1 2	35	27	62	29	26	55	

Mean Age at Death—M., 49·77 years, F., 54·51 years, T., 51·82 years.





TABLE XVI.—DEATHS.—DIAGNOSIS, AND DURATION OF THE MENTAL DISORDER OR INSANITY. Showing in the Deaths of 1907, the Diagnosis of the Kinds of Insanity correlated with the Total Duration of the Mental Disorder.

Kinds of Insanity, Congenital and Acquired, in which Death occurred.	TOTAL DURATION OF THE MENTAL DISORDER.															Total.
	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 1½ years.	1½ years and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and under 10 years.	10 years and under 20 years.	20 years and under 30 years.	30 years and under 40 years.	40 years and under 50 years.	50 years and over.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
Congenital Idiocy and Imbecility,	..	...	...	0 2 2	...	0 1 1	...	0 1 1	1 1 2	...	...	...	1 0 1	1 0 1	...	2 0 2
Melancholia,	...	...	...	1 1 2	1 0 1	...	0 1 1	0 1 1	1 1 2	...	...	...	...	...	...	1 5 6
Mania,	...	...	...	...	0 1 1	...	...	...	...	...	...	...	...	...	...	3 4 7
Delirium,	...	...	...	1 0 1	...	...	0 1 1	...	...	...	...	...	...	...	...	0 1 1
Confusio Insana,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1 1 2
Dementia, Secondary,	...	...	...	...	...	...	1 0 1	...	1 2 3	1 0 1	1 1 2	1 1 2	1 1 2	...	...	5 5 10
Monomania,	...	...	...	...	...	...	...	...	0 1 1	...	0 2 2	1 0 1	...	...	...	2 3 5
Epileptic Insanity Proper,	...	...	...	...	0 1 1	1 0 1	...	0 1 1	...	1 1 2	4 0 4	1 0 1	...	...	...	7 2 9
Chorea with Insanity,	...	...	...	3 1 4	...	...	3 1 4	1 0 1	3 0 3	...	...	...	...	...	...	0 1 1
General Paralysis,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10 2 12
Gross Cerebral Disease with Insanity,	...	...	...	...	...	1 0 1	0 1 1	...	1 0 1	...	...	...	...	...	...	2 1 3
Ascending Myelitis with Insanity,	...	...	0 1 1	...	...	...	...	...	...	...	...	...	...	...	...	0 1 1
Tuberculosis with Insanity,	...	...	...	...	...	1 0 1	...	...	...	...	...	...	...	...	...	1 0 1
Gastro-Intestinal Catarrh with Insanity,	...	...	...	...	...	...	...	0 1 1	...	...	...	...	...	...	...	0 1 1
Alcoholic Insanity Proper,	...	...	1 0 1	...	...	...	...	...	...	...	...	...	...	...	...	1 0 1
Total,	...	...	1 1 2	5 4 9	1 2 3	3 1 4	4 4 8	1 4 4	7 5 12	2 1 3	5 3 8	3 1 4	2 1 3	1 0 1	...	35 27 62
	Recent or Acute.				Sub-Recent or Sub-Acute.			Persistent or Chronic.								
	M. 6, F. 5, T. 11.				M. 8, F. 7, T. 15.			M. 21, F. 15, T. 36.								





TABLE XVII.—DEATHS.—DURATION OF MENTAL DISORDER ON RECEPTION, AND LENGTH OF RESIDENCE. Showing in the Deaths of 1907, the Duration of the Mental Disorder on Reception, whether to this Asylum or to any other Institution or Home, correlated with the Length of Residence (including absence on leave, pass, probation, trial or escape) in this Asylum or in any other Institution or Home in which the Insanity was previously treated, and distinguishing the Congenital Cases.

Duration of Mental Disorder on Reception to this or any other Institution or Home.					LENGTH OF RESIDENCE IN THIS OR ANY OTHER INSTITUTION OR HOME, INCLUDING ABSENCE ON LEAVE, PASS, PROBATION, TRIAL OR ESCAPE.																								
					Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	1 year and under 2 years.	2 years and under 3 years.	3 years and under 5 years.	5 years and under 10 years.	10 years and under 20 years.	20 years and under 30 years.	30 years and under 40 years.	40 years and under 50 years.	50 years and over.											
Period.	Total.			M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.													
	M.	F.	T.																										
Under 1 week, - - -	3	3	6	...	...	...	...	...	...	0	1	0	1	1	1	2	0	...	...	...	...								
1 week and under 1 month, - -	4	7	11	...	...	2	1	1	1	0	1	1	0	0	1	...	0	2	...	...	..	...							
1 month and under 3 months, - -	4	6	10	...	1	0	1	1	0	1	0	1	1	0	1	..	0	1	...	...	...	...							
3 months and under 6 months, -	5	3	8	1	0	...	0	1	1	0	...	...	2	1	1	0	...	0	1	...	...	...							
6 months and under 1 year, - -	5	3	8	...	...	1	0	1	1	0	1	1	1	...	1	0	...	...	1	0	...	...	...						
1 year and under 1½ years, - -	3	3	6	...	1	0	0	1	...	1	1	...	...	0	1	...	1	0	..	...	...	...	...						
1½ years and under 2 years, - -	2	0	2	...	1	0	...	...	...	...	...	...	..	...	...	1	0	...	...	...	...	...	...						
2 years and under 3 years, - -	2	1	3	...	...	...	...	...	1	0	0	1	...	...	..	...	...	...	...	1	0	...	...	...					
3 years and under 5 years, - -	3	0	3	...	...	...	...	...	1	0	1	0	...	...	...	1	0	..	...	...	...	...	...	...					
5 years and under 10 years, - -	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...					
10 years and over, - - -	2	1	3	...	...	...	1	0	...	...	...	...	...	...	...	1	1	...	...	...	...	...	..	...					
(Specify in decennia).																													
Congenital Cases, - -	2	0	2	...	...	...	...	...	...	...	...	...	...	1	0	1	0	...	...	...	...	...	...	...					
Total, - -	35	27	62	1	0	3	0	4	4	4	3	3	4	4	3	0	3	4	4	4	1	6	4	1	1	1	0	...	...

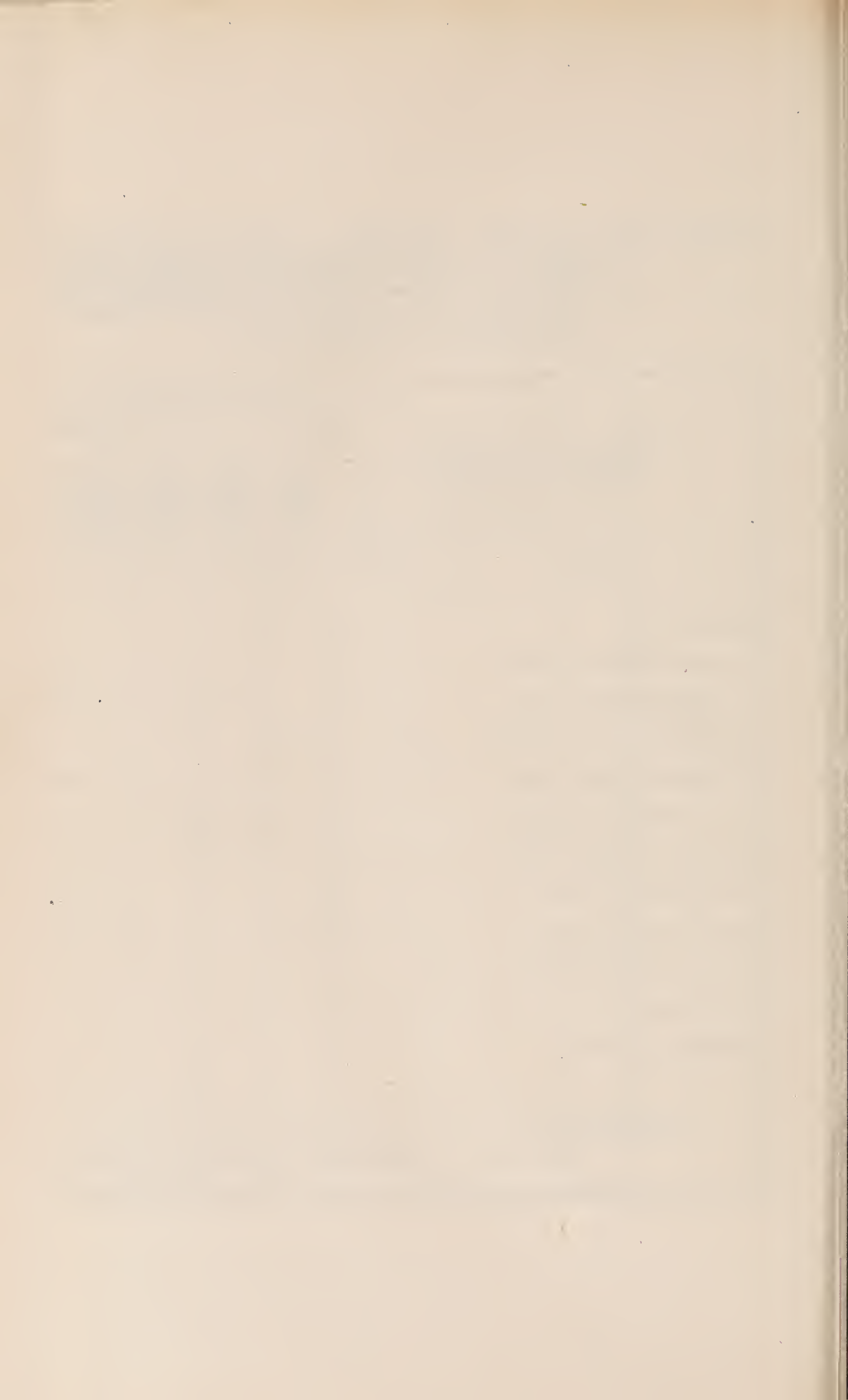




TABLE XVIII.—GENERAL SUMMARY.—Showing a General Summary of the Movements of the Insane Population and the Results of Treatment in the Asylum for each year since its opening on the 28th July, 1869.

YEARS.	Numbers on Asylum Register for Insane at beginning of each Year. (Persons).			Total Admissions. (Cases.)			Total Numbers under Treatment. (Cases.)			TOTAL DISCHARGES. (Cases.)									Deaths. (Persons.)			Average Daily Number on Asylum Register for Insane.			Recovery Rate (No. of Cases Recovered per 100 of Cases Admitted).			Death Rate (No. of Deaths per 100 of Average Daily No. on Asylum Register).			Numbers of each Year's Admissions remaining on Asylum Register on 31st Dec., 1907. (Persons).			YEARS.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Recovered.			Improved.			Unimproved.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
										M.	F.	T.	M.	F.	T.	M.	F.	T.																
1869-70*	0	0	0	81	106	187	81	106	187	3	4	7	2	1	3	1	1	2	6	2	8	54.21	70.68	124.84	3.70	3.77	3.74	11.06	2.83	6.40	1	1	2	1869-70*
1870-71	69	98	167	38	43	81	107	141	248	20	27	47	6	1	7	7	4	11	4	2	6	75.53	104.24	179.81	52.63	62.79	58.02	5.29	1.91	3.33	1	0	1	1870-71
1871-72	70	107	177	44	33	77	114	140	254	17	17	34	3	3	6	6	4	10	3	13	16	74.73	101.17	175.91	38.63	51.51	44.15	4.01	12.85	9.09	0	1	1	1871-72
1872-73	85	103	188	36	52	88	121	155	276	20	24	44	7	10	17	3	6	9	6	7	13	78.25	103.07	181.32	55.55	46.15	50.00	7.66	6.79	7.16	0	0	0	1872-73
1873-74	85	108	193	58	69	127	143	177	320	28	25	53	10	11	21	4	4	8	7	13	20	86.73	117.86	204.59	48.27	36.23	41.73	8.07	11.03	9.77	1	0	1	1873-74
1874-75	94	124	218	54	63	117	148	187	335	29	21	50	5	6	11	5	1	6	12	18	30	98.08	128.84	226.90	53.70	33.33	42.73	12.23	13.97	13.22	1	1	2	1874-75
1875-76	97	141	238	54	51	105	152	192	344	29	35	64	3	8	11	4	2	6	12	9	21	96.38	135.76	234.15	53.70	68.62	60.95	12.45	6.62	8.53	0	0	0	1875-76
1876-77	103	138	241	49	49	98	152	187	339	21	17	38	6	7	13	6	5	11	7	10	17	104.76	137.13	241.89	42.85	34.69	38.77	6.67	7.29	7.02	0	0	0	1876-77
1877-78	112	148	260	49	54	103	161	202	363	13	30	43	11	4	15	12	5	17	13	12	25	104.32	138.51	242.83	26.53	55.55	41.74	12.46	8.66	10.29	2	2	4	1877-78
1878-79	112	151	263	54	57	111	166	208	374	22	37	59	2	6	8	6	13	19	15	7	22	116.22	147.11	263.66	40.74	64.91	53.15	12.90	4.75	8.34	1	4	5	1878-79
1879-80	121	145	266	58	58	116	179	203	382	27	29	56	10	8	18	6	6	12	10	16	26	122.38	147.80	270.28	46.55	50.00	48.27	8.17	10.82	9.61	0	1	1	1879-80
1880-81	126	144	270	51	61	112	177	205	382	29	37	66	3	5	8	14	7	21	15	13	28	124.48	142.66	266.41	56.86	60.65	58.92	12.05	9.81	10.51	0	1	1	1880-81
1881-82	116	143	259	46	57	103	162	200	362	28	35	63	6	2	8	2	4	6	11	11	22	115.03	141.80	256.84	60.86	61.40	61.16	9.56	7.82	8.60	0	3	3	1881-82
1882-83	115	148	263	57	56	113	172	204	376	33	28	61	3	2	5	6	6	12	12	9	21	120.86	150.62	271.48	57.89	50.00	53.98	9.92	5.97	7.73	1	4	5	1882-83
1883-84	118	159	277	57	55	112	175	214	389	23	22	45	6	5	11	10	5	15	8	13	21	124.35	161.76	286.11	40.35	40.00	40.17	6.43	8.03	7.33	1	2	3	1883-84
1884-85	128	169	297	61	56	117	189	225	414	39	29	68	3	4	7	7	7	14	15	16	31	127.76	171.73	300.04	63.93	51.78	58.11	11.74	9.22	10.33	0	3	3	1884-85
1885-86	125	169	294	78	45	123	204	214	417	39	27	66	7	9	16	4	4	8	12	11	23	132.28	165.00	297.28	50.00	60.00	53.65	9.07	6.66	7.73	3	2	5	1885-86
1886-87	141	163	304	61	63	124	202	226	428	31	30	61	29	24	53	1	0	1	10	12	22	125.95	159.21	285.17	50.81	47.62	49.19	7.93	7.53	7.71	5	3	8	1886-87
1887-88	131	160	291	44	68	112	175	228	403	25	38	63	8	12	20	1	1	2	9	22	31	131.60	158.00	290.41	56.81	55.88	56.25	6.83	13.92	10.67	1	7	8	1887-88
1888-89	132	155	287	64	58	122	196	213	409	33	22	55	8	5	13	2	1	3	7	17	24	136.79	159.56	296.36	51.56	37.93	45.09	5.11	10.65	8.09	4	4	8	1888-89
1889-90	146	168	314	58	66	124	204	234	438	31	33	64	10	8	18	4	1	5	15	11	26	141.33	177.12	318.45	53.44	50.00	51.61	10.64	6.25	8.17	3	6	9	1889-90
1890-91	144	181	325	66	61	127	210	242	452	20	22	42	10	3	13	3	3	6	13	19	32	148.17	189.54	337.71	30.30	36.06	33.07	8.77	10.02	9.47	3	4	7	1890-91
1891-92	164	195	359	67	53	120	231	248	479	27	27	54	6	9	15	11	4	15	18	17	35	156.82	195.66	352.49	40.29	50.94	45.00	11.55	8.68	9.92	6	4	10	1891-92
1892-93	169	191	360	69	75	144	238	266	504	39	27	66	8	5	13	6	4	10	27	19	46	158.40	199.34	357.75	56.52	36.00	45.83	17.01	9.53	12.85	5	5	10	1892-93
1893-94	158	211	369	79	66	145	237	277	514	30	25	55	7	8	15	5	1	6	15	17	32	173.77	219.70	393.47	37.97	37.87	37.93	8.63	7.73	8.13	5	8	13	1893-94
1894-95	180	226	406	99	72	171	279	298	577	35	21	56	9	11	20	10	6	16	25	23	48	190.82	229.70	420.53	35.35	29.16	32.74	13.10	10.01	11.41	7	4	11	1894-95
1895-96	199	237	436	83	73	156	282	310	592	24	27	51	19	6	25	14	12	26	10	27	37	195.10	232.89	428.00	28.91	36.98	32.69	5.12	11.59	8.64	4	8	12	1895-96
1896-97	215	238	453	60	80	140	275	318	593	36	30	66	7	18	25	7	5	12	23	21	44	204.04	236.79	440.83	60.00	37.50	47.14	11.27	8.86	9.98	5	8	13	1896-97
1897-98	202	244	446	101	80	181	303	324	627	35	33	68	5	5	10	17	9	26	27	24	51	203.28	244.10	447.39	34.45	41.25	37.56	13.28	9.83	11.40	10	12	22	1897-98
1898-99	219	253	472	100	64	164	319	317	636	45	21	66	7	6	13	10	6	16	2															





TABLE XIX.—ADDITIONAL.—Monthly Incidence of the Admissions, Discharges, and Deaths during the Year 1907.

MONTHS.			ADMISSIONS.			DISCHARGES.			DEATHS.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
January,	...	...	8	7	15	2	1	3	3	2	5
February,	...	...	8	7	15	5	4	9	3	1	4
March,	...	...	16	19	35	4	4	8	5	1	6
April,	...	..	7	6	13	4	3	7	4	3	7
May,...	...	...	11	8	19	3	3	6	2	1	3
June,	...	...	15	7	22	6	6	12	4	2	6
July,...	...	...	3	7	10	8	6	14	6	2	8
August,	..	..	5	5	10	8	6	14	0	4	4
September,	...	...	7	8	15	7	5	12	2	1	3
October,	...	...	9	6	15	0	5	5	1	3	4
November,	...	...	6	7	13	4	11	15	1	1	2
December,	...	...	8	8	16	9	11	20	4	6	10
Total Cases, ...			103	95	198	60	65	125	35	27	62

TABLE XX., ADDITIONAL.—Chargeability to the various Parish Councils of Ayrshire of the Admissions, Discharges, and Deaths during 1907, and of those remaining on the Asylum Register on the 31st December, 1907.

Ayr County Patients (Parishes, with Population at 1901 Census).	Admissions.			Discharges.			Deaths.			Remaining on Asylum Register on 31st December, 1907.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ardrossan, . . . . . 11,845	5	4	9	5	5	10	1	1	2	7	6	13
Auchinleck, . . . . . 6,605	1	2	3	0	2	2	0	1	1	9	7	16
Ayr, . . . . . 31,537	16	12	28	10	8	18	5	5	10	46	48	94
Ballantrae . . . . . 1,124	0	0	0	0	0	0	0	0	0	2	0	2
Barr, . . . . . 581	1	0	1	0	0	0	0	0	0	3	0	3
Beith, . . . . . 7,523	3	0	3	2	1	3	0	0	0	9	9	18
Colmonell, . . . . . 1,954	1	1	2	1	0	1	0	0	0	1	3	4
Coylton, . . . . . 2,542	0	2	2	0	1	1	0	1	1	2	0	2
Craigie, . . . . . 509	0	0	0	0	0	0	0	0	0	0	0	0
Dailly, . . . . . 1,673	0	0	0	0	0	0	0	0	0	0	2	2
Dalmellington, . . . . . 5,261	1	1	2	1	0	1	0	1	1	7	2	9
Dalry, . . . . . 8,212	2	1	3	1	1	2	1	1	2	9	3	12
Dalrymple, . . . . . 1,208	0	0	0	0	0	0	0	0	0	0	2	2
Dreghorn, . . . . . 4,332	1	2	3	1	1	2	0	1	1	1	2	3
Dundonald, . . . . . 11,250	2	1	3	0	0	0	1	1	2	11	10	21
Dunlop, . . . . . 1,542	0	0	0	0	0	0	0	0	0	2	2	4
Fenwick, . . . . . 1,063	0	0	0	0	0	0	1	0	1	2	1	3
Galston, . . . . . 6,979	0	2	2	0	2	2	0	1	1	3	1	4
Girvan, . . . . . 4,872	2	1	3	1	1	2	0	1	1	8	3	11
Irvine, . . . . . 6,458	0	1	1	0	2	2	0	0	0	5	7	12
Kilbirnie, . . . . . 7,207	4	1	5	3	1	4	1	0	1	6	6	12
Kilmarnock, . . . . . 33,142	11	8	19	8	12	20	7	2	9	30	27	57
Kilmaurs, . . . . . 4,549	1	0	1	1	0	1	0	0	0	2	1	3
Kilwinning, . . . . . 8,125	4	1	5	0	0	0	2	0	2	6	4	10
Kirkmichael, . . . . . 1,798	0	0	0	0	0	0	0	0	0	1	0	1
Kirkoswald, . . . . . 1,579	0	0	0	0	0	0	0	0	0	1	0	1
Largs, . . . . . 5,501	1	1	2	1	2	3	1	2	3	3	5	8
Loudoun, . . . . . 8,205	2	4	6	1	1	2	0	2	2	2	8	10
Mauchline, . . . . . 2,572	1	0	1	1	0	1	0	0	0	0	3	3
Maybole, . . . . . 7,889	0	2	2	1	2	3	0	1	1	0	12	12
Monkton and Prestwick 3,854	0	0	0	0	0	0	0	0	0	1	2	3
Muirkirk, . . . . . 5,670	2	0	2	2	1	3	2	2	4	3	5	8
New Cumnock, . . . . . 5,367	1	3	4	1	2	3	0	0	0	4	3	7
Ochiltree, . . . . . 1,932	0	0	0	0	0	0	0	0	0	2	5	7
Old Cumnock, . . . . . 5,144	2	1	3	1	2	3	1	0	1	4	5	9
Riccarton, . . . . . 8,080	2	4	6	3	1	4	0	0	0	5	7	12
Sorn, . . . . . 3,607	1	0	1	1	0	1	0	0	0	4	3	7
Stair, . . . . . 1,175	1	0	1	1	0	1	0	0	0	0	0	0
Stevenston, . . . . . 9,497	2	3	5	1	0	1	2	1	3	16	10	26
Stewarton, . . . . . 3,958	2	2	4	4	0	4	1	1	2	3	3	6
Straiton, . . . . . 1,016	0	0	0	0	0	0	1	0	1	3	3	6
Symington, . . . . . 592	1	2	3	0	2	2	0	0	0	2	2	4
Tarbolton, . . . . . 2,961	0	1	1	0	0	0	0	0	0	2	5	7
West Kilbride, . . . . . 2,978	1	1	2	0	1	1	0	0	0	3	4	7
Out County Patients, . . .	16	14	30	4	3	7	3	0	3	9	11	20
Private Patients, . . . .	13	17	30	4	11	15	5	2	7	8	10	18
Criminal Patients, . . . .	0	0	0	0	0	0	0	0	0	0	0	0
Grand Totals, . . . . .	103	95	198	60	65	125	35	27	62	247	252	499



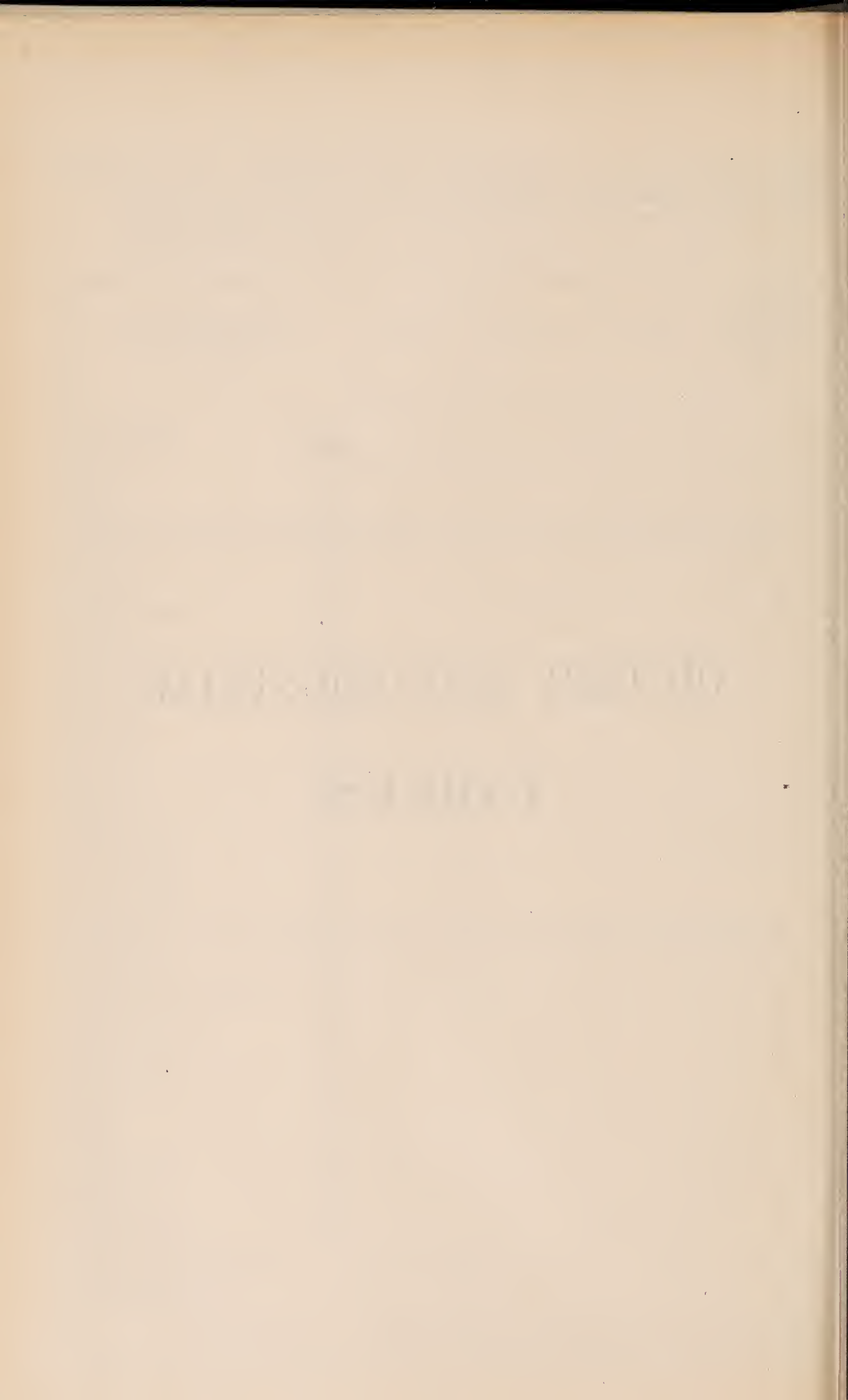
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DIETARY AND INDUSTRIAL  
TABLES.

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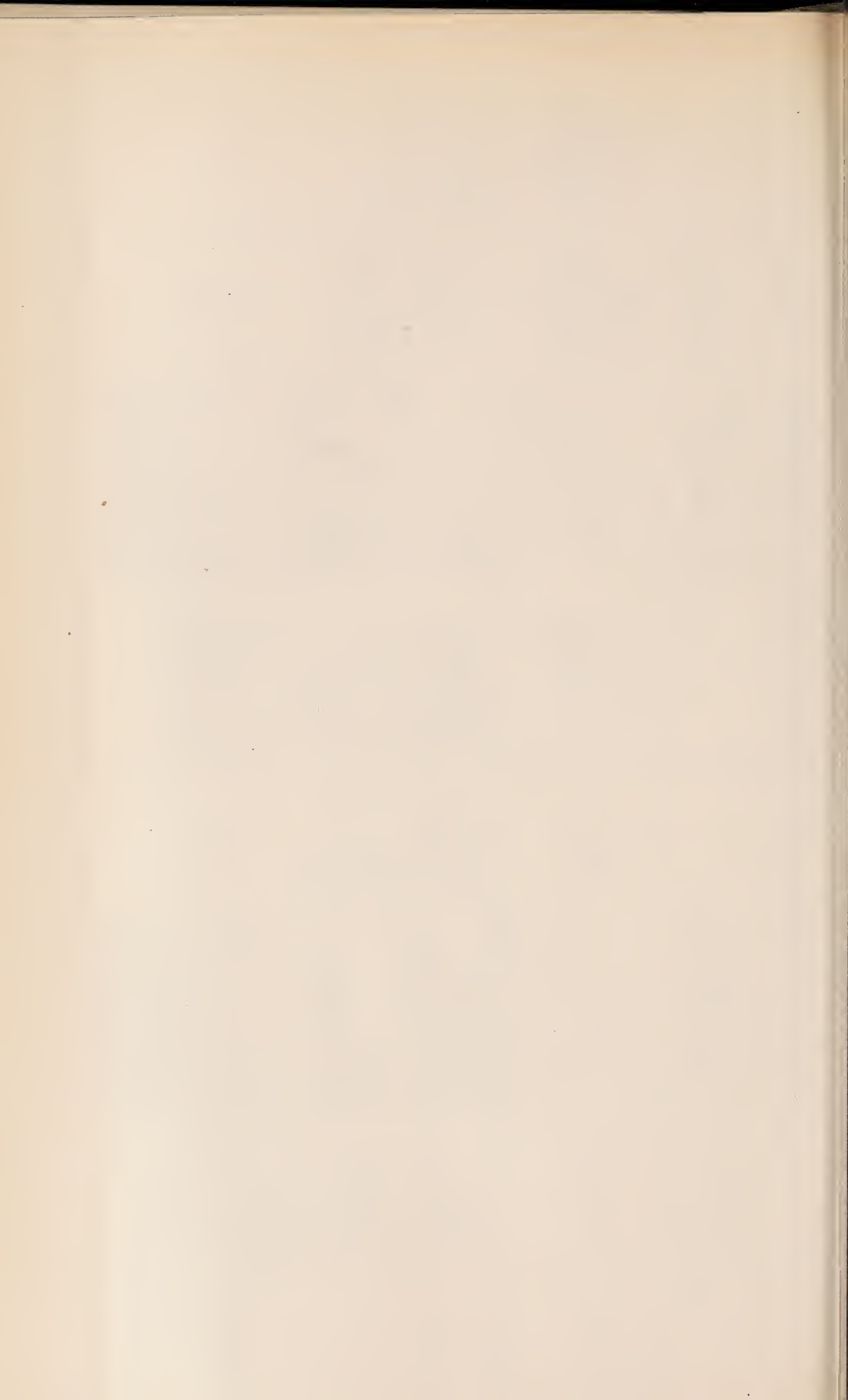
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DIETARY TABLE—AYR DISTRICT ASYLUM DIETARIES.

PATIENTS' ORDINARY DIETARY. (M—Men Patients; W—Women Patients.)				OFFICIALS' ORDINARY DIETARY. (M—Attendants and Tradesmen; W—Nurses and Servants.)			
DAY OF WEEK.	BREAKFAST— 8.15 to 8.35 a.m.	DINNER— 1.30 to 2 p.m.	TEA— 6.30 to 6.50 p.m.	BREAKFAST— 7.15 to 8 a.m. (Two Tables.) (NIGHT STAFF, 7.15 to 7.35 a.m.)	DINNER— 12.30 to 1.30 p.m. (Two Tables). (NIGHT STAFF, 11 to 11.30 a.m.)	TEA— 5.30 to 6.30 p.m. (Two Tables). (NIGHT STAFF, 7.30 to 7.50 p.m.)	SUPPER— 8 to 10 p.m. (NIGHT STAFF, 11.30 p.m. to 1 a.m.)
MONDAY.	Porridge. M. 30 oz., W. 20 oz. Sweet Milk 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Boiled Beef or Mutton (fresh, uncooked with bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Tea, 20 oz. Wheaten Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. (Lettuce and Cress in sea-son).	Porridge, M. 30 oz., W. 20 oz. Sweet Milk, 10 oz. Wheaten Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Omelet, 2 $\frac{1}{2}$ oz.	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Roast Mutton (leg, fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Cheese, 1 oz. (Lettuce and Cress in sea-son).	Milk, 10 oz. Wheaten Bread, M. 4 oz., W. 3 oz. Salt Butter, $\frac{5}{8}$ oz. Cheese, 1 oz. (Lettuce and Cress in sea-son).
TUESDAY.	Do., with Coffee, 10 oz., instead of Tea.	Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Preserved Mutton or Beef, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case, Potatoes, 6 oz.)	Do.	Do., with Preserved Beef, 3 oz. instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Lentil Soup, 20 oz. Stewed Beef, (fresh uncooked without bone), M. 9 oz., W. 7 oz. Potatoes, 10 oz., and Fresh Vegetables, 6 oz. N.B.—Sometimes Pie instead of Stew.	Do.	Do.
WEDNESDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz. and Fresh Vegetables, 4 oz. Pudding.	Do.	Do., with Mince Patties (2 oz. Mince Meat, Flour and Bread Crumbs), instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Mutton (shoulder, fresh, uncooked with bone), M. 16 oz., W. 12 oz. Potatoes, 12 oz. Pudding.	Do.	Do.
THURSDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 6 oz., W. 5 oz. Potatoes, 6 oz., and Fresh Vegetables 4 oz.	Do.	Do., with Preserved Mutton. 3 oz., instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Potato Soup, 20 oz. Stewed Beef (fresh, uncooked without bone), M. 9 oz., W. 7 oz., with Fresh Vegetables, 2 oz. Potatoes, 6 oz.	Do.	Do.
FRIDAY.	Do., as on Monday.	Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 12 oz., W. 10 oz.; or dried, M. 6 oz.; W. 5 oz. Potatoes, 12 oz.	Do.	Do., with an egg instead of Omelet.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Rice Soup, 20 oz. Fish, fresh, dressed, M. 16 oz., W. 12 oz.; or dried, M. 8 oz., W. 6 oz. Potatoes, 14 oz.	Do.	Do.
SATURDAY.	Do., as on Tuesday.	Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Beef or Mutton, M. 4 oz., W. 3 oz. Potatoes, 10 oz., and Fresh Vegetables 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Meat Pie (in this case), Potatoes, 6 oz.	Do.	Porridge, M. 30 oz., W. 20 oz. Sweet Milk, 10 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{5}{8}$ oz. Tea or Coffee or Cocoa, 10 oz. Fish, fresh, dressed, M. 8 oz., or W. 6 oz.; or dried, M. 4 oz., W. 3 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Pea Soup, 20 oz. Preserved Mutton, M. 8 oz., W. 6 oz. Potatoes, 12 oz., and Fresh Vegetables, 4 oz. N.B.—Meat served cold; or as Irish Stew; or as Shepherd's Pie; or as Meat Pie (in this case, Potatoes, 8 oz).	Do.	Do.
SUNDAY.	Bread, M. 8 oz. W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Or Margarine, $\frac{5}{8}$ oz. Cheese, 1 oz. Cocoa, 20 oz.	Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz., containing fresh Beef or Mutton, M. 4 oz., W. 3 oz., and Fresh Vegetables, 4 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Syrup, 1 $\frac{1}{2}$ oz.	Bread, M. 4 oz., W. 6 oz. Salt Butter $\frac{5}{8}$ oz. Sausages, 4 oz., or Liver, 2 oz., and Bacon, 2 oz. Tea or Coffee or Cocoa, 20 oz.	Milk, 10 oz. Bread, M. 4 oz., W. 3 oz. Barley Broth, 20 oz. Boiled Beef (fresh, uncooked with bone), M. 12 oz., W. 9 oz. Potatoes, 12 oz. Pudding.	Tea, 20 oz. Bread, M. 8 oz., W. 6 oz. Salt Butter, $\frac{1}{2}$ oz. Marmalade or Jam or Jelly or Syrup, $\frac{1}{2}$ oz.	Do.







## AYR DISTRICT ASYLUM DIETARIES—NOTES.

### NOTES ON THE ORDINARY DIETARIES.

*Porridge, Bread, Tea, Coffee, and Cocoa are given ad libitum to all, patients and officials, at the meals at which these articles are served.* The daily allowance of Potatoes and Fresh Vegetables depends upon supplies from Asylum Garden (in case of vegetables), and Outside Market (in case of Potatoes). When potatoes are dear, rice (2 oz. per head), or peas (3 oz.), or haricot beans (3 oz.), are served instead.

*The Officials' Ordinary Dietary is that for An Able-Bodied Man or Woman doing a Hard Day's Work.* No extras are given.

*The Patients' Ordinary Dietary* is based on the recommendations contained in the special Blue Book drawn up by Dr. J. C. Dunlop, and published as a "Supplement to the 43rd Annual Report of the General Board of Commissioners in Lunacy for Scotland (1902)," and it is a practical application of the above-named expert's "Suggestions for securing the proper feeding of Pauper Lunatics," which are as follows:—(1) Porridge and Milk must be given at least once daily. (2) Bread should be given *ad libitum* with all meals. (3) Tea or Coffee or Cocoa should be given *ad libitum* twice daily. (4) The minimum weekly allowance of Butter should be 5 oz, or of Margarine 6 oz. (5) The minimum allowance of Potatoes should be 3 lbs., of other Fresh Vegetables, 1½ lbs. (6) A Fish Dinner or a fifth Meat Dinner should be given weekly. (7) 24 oz. of Meat, uncooked without bone, should be the minimum weekly allowance. (8) The proper variation of diet should be insisted on, as by (a) giving the same dinner not oftener than twice weekly; (b) giving the same soup not oftener than twice weekly; (c) varying the meat, and its cooking; (d) giving puddings; and (e) giving seasonable dishes, as rhubarb, apples, etc., when easily procured. From the above dietary scale for the Patients at Ayr Asylum it will be seen that variety has been secured in the various meals as follows:—(1.) *Dinners*, two courses daily. *1st. Course*, Soup or Broth. *2nd Course*, Meat or Fish or Pudding. It will be noticed that the weakly nitrogenous 1st courses, viz., Potato Soup and Rice Soup, are combined with the strong nitrogenous 2nd courses, viz., the largest rations of Fresh Meat, and the ration of Fish; that the moderately nitrogenous 1st courses, viz., Pea Soup and Lentil Soup, are combined with the moderately nitrogenous 2nd courses, viz., the rations of Preserved Meat, which, for variety sake, is served cold or in the form of Irish Stew or Meat Pie; and finally, that the rich nitrogenous first courses, viz., the Barley Broth with its contained Whole Peas or Fresh Beans and small ration of Fresh Meat, are combined with the feebly nitrogenous 2nd courses, viz., the Puddings, which vary according to season, and supply of rhubarb, etc., from garden. (II.) *Breakfasts* are varied, so far as this is possible by giving Tea on Mondays, Wednesdays, and Fridays; Coffee on Tuesdays, Thursdays, and Saturdays; and Cocoa and Cheese, in place of Porridge, on Sundays. (III.) *Teas* are capable of but little variation in institutions, but Syrup is given instead of Butter on Sundays, and Lettuce and Cress according to season and garden supply. (9) Extra Food should be given to Working Patients.

*The Patients' Ordinary Dietary at Ayr is that for An Abbe-Bodied Man or Woman doing a Moderate Day's Work, each Woman receiving approximately 4-5ths of the Standard or Men's Dietary.* Men Workers therefore receive no extras except in a few cases, in which they are regarded as doing a hard day's work; but all men workers who smoke receive, as an inducement to work, a supply of tobacco (2 ounce of thin twist weekly is the average allowance). Women Workers in the *Laundry and Kitchen*, inasmuch as they do a woman's hard day's work, receive, in addition to their ordinary (or 4-5ths Standard) Dietary, the following Extras:—A Forenoon Lunch at 11 a.m. (Coffee 5 oz.; Bread, 1½ oz.; Syrup, ⅔ oz.), and an Afternoon Tea at 4 p.m. (tea, 5 oz; bread, 1½ oz.; Syrup, ⅔ oz.) Women Workers in the wards who are employed at the lighter labour of housework and sewing require no such extras, but those who make themselves specially useful, and those who assist at the weekly Mending of Men's Clothes, &c., receive an Afternoon Tea as an extra. Able-Bodied Idlers, Men and Women, receive no extras; further, they receive less than the full ordinary Dietary at dinner, the Idlers of each sex being grouped at special tables at which relatively less food is sent. Similarly, less dinner per head is required in the wards for the Old and Infirm who are unable to work, and for Deteriorated Patients who simply lead a vegetative existence. The meat at dinner for all Paralytic and Epileptic patients is served minced.

On Christmas Day or New Year's Day, or other special occasion, Roast Beef or Mutton Pie, and Plum Pudding may be given at dinner; or Cake or Buns or Jam at Tea, according to the discretion of the Medical Superintendent.

### RECEIPTS PER PINT OF 20 OZ. OR PER DIET.

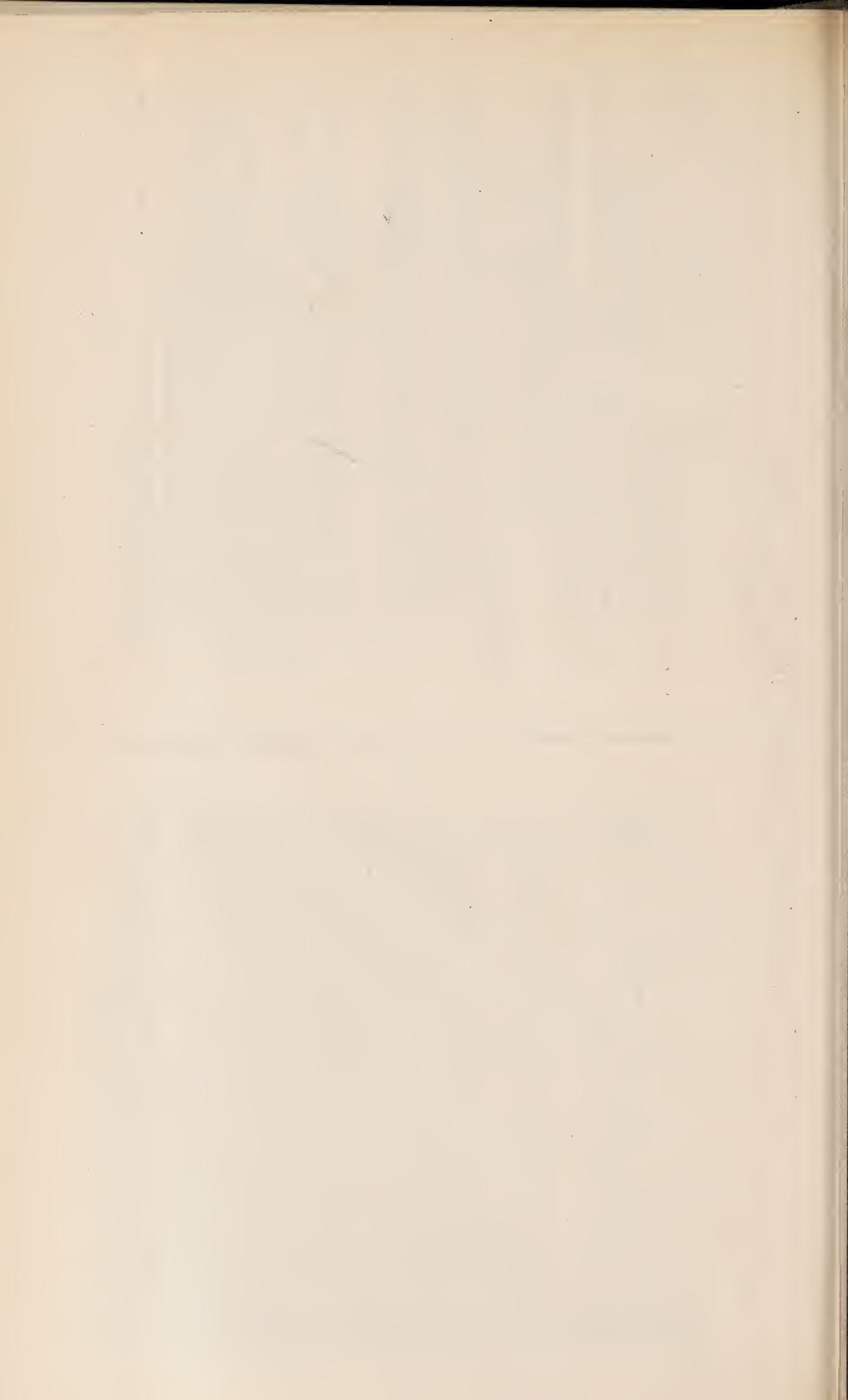
1. *Tea*—℞ Tea, ⅙ oz.; Water, 18 oz. (officials), 20 oz. (patients); Sugar, ⅔ oz.; Milk, 2 oz.
2. *Coffee*—℞ Coffee, 3-16ths oz.; Chicory, 1-16th oz.; Water, 18 oz. (officials); 20 oz. (patients); Sugar, ⅔ oz.; Milk 2 oz.
3. *Cocoa*—℞ Cocoa, 3-16ths oz.; Water, 18 oz. (officials); 20 oz. (patients); Sugar, ⅔ oz.; Milk, 2 oz.
- N.B.—Sugar and Milk are served as a rule mixed in the patients' Tea, Coffee, or Cocoa, but separately in the case of that of the officials.
4. *Porridge*—℞ Oatmeal, 2½ oz.; Salt, ⅓ oz.; Water, 20 oz.
5. *Rice Soup*—℞ Rice, 1 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The patients' Fresh Meat on Mondays, and Marrow Bones on Fridays, are boiled in the Rice Soup.
6. *Potato Soup*—℞ Potatoes, 6 oz.; Fresh Vegetables, 2 oz.; Water as required. N.B.—The Stock from the staff Boiled Mutton on Wednesday is utilised in the Potato Soup.
7. *Lentil Soup*—Split Lentils, 3 oz.; Water as required. N.B.—Made with the Stock from the staff Boiled Beef on Sundays, along with some Ham Bones and Marrow Bones.
8. *Pea Soup*—℞ Split Peas, 3 oz; Water as required. N.B.—Made with Ham Bones and Marrow Bones.
9. *Barley Soup*—℞ Pot Barley, 1 oz.; Whole Peas (or Fresh Beans), ½ oz.; Fresh Vegetables, 4 oz.; Water as required. N.B.—The patients Fresh Meat on Wednesdays and Sundays is boiled in the Broth, and served with it. The staff Boiled Meat is cooked and served separately.
10. *Meat Pie*—℞ Preserved Meat, 3½ oz. (patients), 7 oz. (officials); Flour, 2 oz.; Suet or Dripping, ½ oz.; Water as required.
11. *Beef Tea*—℞ Lean Beef, 16 oz.; Water, 20 oz.
12. *Mutton Tea*—℞ Lean Mutton, 16 oz.; Water, 20 oz.
13. *Fish Sauce* (per head)—℞ Flour, ⅓ oz.; Butter, 1-16th oz.; Milk, 1 oz.
14. *Omelet*—℞ Eggs, 4 (8 oz.); Milk, 20 oz. (Makes Breakfast Omelet for eight persons).
15. *Steved Rhubarb*—℞ Rhubarb, 16 oz.; Water, 10 oz.; Sugar, 4 oz.
16. *Rhubarb (or Plum) Dumpling*—℞ Rhubarb (or Plums), 6 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water, as required.
17. *Rhubarb (or Plum) Tart*—℞ Rhubarb (or Plums), 8 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
18. *Apple Dumpling*—℞ Apples, 6 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1 oz.; Water as required.
19. *Apple Tart*—℞ Apples, 8 oz.; Flour, 4 oz.; Suet or Dripping, ½ oz.; Sugar, 1½ oz.; Water as required.
20. *Currant Dumpling*—℞ Flour, 4 oz.; Suet or Dripping, ½ oz.; Currants, ½ oz.; Sugar, 1 oz.; Water as required.
21. *Currant Rice*—℞ Rice, 1½ oz.; Currants, ½ oz.; Sugar, ½ oz.; Milk, 20 oz.
22. *Rice, Sago, Tapioca, etc., Puddings*—℞ Rice, 1½ oz.; or Sago, 1½ oz.; or Tapioca, 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
23. *Milk or Corn Flour (or Arrowroot)*—℞ Corn Flour (or Arrowroot), 2 oz.; Sugar, ½ oz.; Milk, 20 oz.
24. *Milk and Egg Custard*—℞ Eggs, 2 (4 oz.); Sugar, 1 oz.; Sweet Milk, 20 oz.

### SPECIAL OR SICK DIET.

For all on the Sick List, Patients or Officials, is prescribed by the Physician from the following:—Sweet Milk, Butter Milk, Cream, Gruel, peptonised milk or milk gruel or Benger's Food; bovril, beef tea, meat extracts, meat jellies, clear soups, thick soups, broths; bread and milk, arrowroot, corn flour, tapioca, sago, rice, milk and egg custard; eggs, fish, chicken, minced meat, mutton chops, beef steaks; potatoes, fresh vegetables, fruit; bread, biscuits, butter, cheese; tea, coffee, cocoa, sugar; potash or soda water. Alcoholic stimulants are used only medicinally. The List of Patients on Extras and Stimulants is revised daily by the Assistant Physicians, and weekly by the Medical Superintendent.

C. C. EASTERBROOK, MED. SUPT.







INDUSTRIAL TABLES.—Showing the Amount and Value of the Estimable Work done during the Financial Year, 16th May, 1906, to 15th May, 1907, in certain departments, and distinguishing whether “Towards Accommodation” or “Towards Maintenance” of Patients. The Valuations are made by the Master of Works, for work done by Joiner, Painter, Plumber, Engineer, Electrician, and Night Stoker; by the Steward, for work done by Tailor and Shoemaker, and for Bread from Bakery and Vegetables from Garden; and by the Matron, for work done in Sewing Rooms and Laundry.

A.—JOINER (and two Patients).

(a)—Towards Accommodation—

Attendant's Cottages, ... ..	£2 10 0
Garden Seat Repairs, ... ..	3 12 6
Soap House, ... ..	4 10 6
Window Repairs, ... ..	10 15 0
New Hospital Bookcases, Door Springs, etc., ... ..	10 12 6
Steward's House, New Roof on Porch, and Paling Repairs, ... ..	7 5 0
Women's Court, Trellis Paling, ... ..	5 15 6
Door and Floor Repairs, ... ..	8 10 0
Wall Lining Repairs, ... ..	10 10 0
Cutting Glass, ... ..	1 12 6
Cleaning, and Hanging Pictures, ... ..	2 10 0
Bakery Repairs, ... ..	0 17 6
Picture Moulding on Walls of Day-rooms, ... ..	3 15 0
Removing Furniture, etc., ... ..	5 10 0
Lavatory Repairs, ... ..	4 5 0
Roof Repairs, ... ..	8 6 6
Fire Brigade Practice, ... ..	0 18 0
	<hr/>
	£91 15 6
	<hr/>

(b)—Towards Maintenance—

Making Coffins, ... ..	£8 12 6
Furniture Repairs, ... ..	14 7 6
Laundry Repairs, ... ..	9 5 0
Brush Handles, and Polishing Block Repairs, ... ..	1 5 0
	<hr/>
	£33 10 0
	<hr/>

Upholstery Work.

Covering Hall and Ward Tables, ... ..	£5 10 0
Covering Sofas, Chairs, &c., ... ..	30 2 6
Covering Forms and Pads, ... ..	4 3 0
Lifting and laying Carpets and Linoleum, ... ..	2 10 0
	<hr/>
	£42 5 6
	<hr/>
Total, ... ..	£167 11 0
	<hr/>

## B.—PAINTER and One Patient).

## Towards Accommodation—

Laundry, ... ..	£9 18 0
Men's Villa, ... ..	5 8 6
Electrician's House, ... ..	4 16 0
Women's Villa, ... ..	4 14 6
Men's Recreation Room, ... ..	3 19 0
Women's Recreation Room, ... ..	5 2 0
Laundry Maid's Room, ... ..	1 4 6
Head Attendant's Office, ... ..	2 12 0
Steward's Office, ... ..	2 2 6
New Hospital Bookcases, Floors, etc., ... ..	1 18 6
Men's Wards—I., II., Central, and IV., ... ..	43 10 0
Women's Ward, I., ... ..	12 17 0
Attendant's Cottages, ... ..	4 1 0
Women's Court, Trellis Paling, ... ..	0 15 6
Men's Verandah, ... ..	1 5 6
Garden Seats, ... ..	1 19 0
Touching up Walls, Electric Tubing, etc., ... ..	16 17 6
Touching up Pictures, ... ..	2 15 6
Touching up Furniture, ... ..	2 15 0
Steward's House, ... ..	3 15 0
Fire Brigade Practice, ... ..	0 18 0
	<hr/>
	£133 4 6

## C.—PLUMBER.

## Towards Accommodation—

Firing Steam Boilers, and attending to Electric Plant, ...	£28 18 6
House Drains, ... ..	8 17 0
Septic Tank, ... ..	11 14 0
Glazing, ... ..	6 10 0
Water Mains, ... ..	4 15 6
Roof Repairs, ... ..	8 10 6
Lavatory Repairs, ... ..	13 12 0
Hot Water System, ... ..	8 11 0
Steam Pipe Repairs, ... ..	5 13 0
Tinsmith Work, ... ..	5 15 0
Heating System, ... ..	5 12 0
Fire Brigade Practice, ... ..	0 18 0
	<hr/>
	£109 6 6

## D.—ENGINEER.

## Towards Accommodation—

Firing Steam Boilers and attending to Electric Plant, ...	£67 10 0
Steam Pipe Repairs, ... ..	9 10 0
Laundry Repairs, ... ..	3 10 0
Heating System, ... ..	8 12 6
Cleaning Flues of Steam Boilers, ... ..	10 12 0
Lock Repairs, etc., ... ..	2 15 6
Blacksmith Work, ... ..	6 10 0
Water Mains, ... ..	1 5 0
Fire Brigade Practice, ... ..	0 18 0
	<hr/>
	£111 3 0

## E.—ELECTRICIAN.

## Towards Accommodation—

Firing Steam Boilers, and attending to Electric Plant,	...	£72 12 0
Women's Ward Repairs, and Alterations,	...	8 15 0
Men's Ward Repairs, and Alterations,	...	8 10 6
Testing Mains,	...	4 17 6
Repairs on Ground Lamps,	...	2 10 0
Telephone Repairs,	...	3 19 0
Fire Alarm Repairs,	...	4 9 6
Electric Fan Repairs,	...	4 12 0
Fire Brigade Practice,	...	0 18 0
		<hr/>
		£111 3 6
		<hr/>

## F.—NIGHT STOKER.

Firing Steam Boilers, Attending to Electric Plant and Fire Station,	...	£77 9 0
		<hr/>

## G.—TAILOR (and Three Patients).

## Maintenance—

Making 55 Tweed Suits at 11s,	...	£30 5 0
„ 1 Overcoat at 10s 6d,	...	0 10 6
„ 1 Vest at 2s,	...	0 2 0
„ 55 Pair Tweed Trousers at 3s,	...	8 5 0
„ 32 Pair Corduroy Trousers at 2s,	...	3 4 0
„ 3 Pair Overalls at 1s,	...	0 3 0
„ 7 Suits Overalls at 5s 6d,	...	1 18 6
„ 7 Linen Shirts at 1s 3d,	...	0 8 9
„ 2 Bed Quilts at 15s,	...	1 10 0
Cutting 14 Pairs Drawers at 3d,	...	0 3 6
		<hr/>
		£46 10 3
		<hr/>
Repairing 382 Pairs Trousers at 6d,	...	£24 11 0
„ 337 Jackets at 1s 6d,	...	25 5 6
„ 224 Vests at 6d,	...	5 12 0
„ 11 Overcoats at 2s,	...	1 2 0
„ 3 Canvas Jackets at 2s 6d,	...	0 7 6
„ 8 Canvas Shirts at 1s 2d,	...	0 9 4
„ 44 Pairs Overalls at 6d,	...	1 2 0
„ 2 Bed Quilts at 5s,	...	0 10 0
Sundries, and sorting up Clothes,	...	10 15 0
		<hr/>
		£69 14 4
		<hr/>

## Upholstery Work.

Making 44 Window Blinds at 6d,	...	£1 2 0
„ Canvas for Padded Room,	...	0 5 0
„ 2 Carpets, Male Villa,	...	0 13 0
Cut 120 Bed Mattresses at 3d,	...	1 10 0
„ 37 Pillows at 3d,	...	0 9 3
Repaired 8 Window Blinds, at 6d,	...	0 4 0
„ 2 Carpets, 27 hours, at 6d per hour,	...	0 13 6
„ 4 Bed Mattresses, at 9d,	...	0 3 0
„ 3 Hearth Rugs, at 3s,	...	0 9 0
Covering 4 Footstools, at 9d,	...	0 3 0
		<hr/>
		£5 16 9
		<hr/>
Total,	...	£122 1 4
		<hr/>



## H.—SHOEMAKER (and One Patient).

## Maintenance—

Making 5 pairs Men's Boots at 6s,	...	...	...	£1 10 0
„ 7 Pairs Men's Shoes at 5s,	...	...	...	1 15 0
				<hr/>
				£3 5 0
				<hr/>
Repairing 449 Pairs Men's Boots at 1s 6d,	...	...	...	£33 13 6
„ 239 Pairs Men's Shoes at 1s 7d,	...	...	...	18 18 5
„ 298 Pairs Women's Shoes at 1s 6d,	...	...	...	22 7 0
„ 51 Pairs Men's Braces at 3d,	...	...	...	0 12 9
„ 5 Pairs Men's Braces at 2d,	...	...	...	0 0 10
„ 1 Pair Men's Leggings,	...	...	...	0 1 0
„ 4 Trusses,	...	...	...	0 2 6
„ 1 Felt Jacket,	...	...	...	0 0 6
„ 2 Waist Belts,	...	...	...	0 1 0
„ 2 Cricket Bats,	...	...	...	0 1 0
„ 1 Cricket Bag,	...	...	...	0 2 0
„ 1 Cricket Glove,	...	...	...	0 1 0
Lacing 3 Carpet Switches,	...	...	...	0 0 9
3 Straps on Fire Hose,	...	...	...	0 1 6
Fire Brigade Practice, 5 hours at 8½d per hour,	...	...	...	0 3 7
Sundries,	...	...	...	6 10 0
				<hr/>
				£82 17 4
				<hr/>
Total,	...	...	...	£86 2 4
				<hr/>

## I.—BAKER (and 1 Patient).

## Maintenance—

Value of Stock in Baker's Department at 15th April, 1906, £30 16s 11d.

## Delivered to Bakehouse—

## First Half-Year.

118 Bags Flour, " Patents," at £1 5s,	...	...	...	£147 10 0
96 Bags Flour, " Straights," at £1 1s 6d,	...	...	...	103 4 0
1 Bag Rice Flour, at £1 5s,	...	...	...	1 5 0
2½ Cwt. Lard, at £1 15s,	...	...	...	4 7 6
1 Cwt. 1 qr. 4 lbs. Yeast, at £4 4s,	...	...	...	5 8 0
13 Cwt. Salt, at 1s 4d,	...	...	...	0 16 6
11 Tons Coke, at 8s 9d,	...	...	...	4 16 3

## I.—BAKER.—Continued.

## Second Half-Year.

80 Bags Flour, "Patents," at £1 4s, ...	...	...	£96	0	0
96 Bags Flour, "Straights," at £1 1s 9d, ...	...	...	104	8	0
1 Bag Rice Flour, at £1 5s, ...	...	...	1	5	0
3 Cwt. 1 qr. Lard, at £1 19s, ...	...	...	6	6	9
1 Cwt. Yeast, at £4 4s, ...	...	...	4	4	0
8 Cwt. Salt, at 1s 6d, ...	...	...	0	12	0
12 Tons Coke, at 8s 9d, ...	...	...	5	5	0
Sundries, ...	...	...	2	9	3
Add value of Baker's Wages and coals, ...	...	...	69	18	0
			£588	12	2
Deduct value of Flour used in Kitchen for other purposes, ...	...	...	34	6	4
			£554	5	10
Deduct value of stock 15th April, 1907, ...	...	...	13	10	5
			£540	15	5

Received from Bakehouse during the year, 5872  
dozen 2lb. loaves at  $1/10\frac{1}{10}$  per dozen.

## J.—GARDEN. Supplies from Asylum Garden.

## Maintenance—

## Supplies of Vegetables from Garden.

Artichokes, ...	...	...	652 lbs.	£4	1	6
Beans, ...	...	...	1277 „	9	7	$9\frac{1}{4}$
Beetroot, ...	...	...	885 „	3	12	7
Brussels Sprouts, ...	...	...	259 „	1	12	6
Cabbage, ...	...	...	13410 „	27	14	2
Cauliflower, ...	...	...	2550 „	21	5	0
Cucumber, ...	...	...	22 „	0	5	6
Celery, ...	...	...	896 „	7	9	0
Carrots, ...	...	...	558 „	2	12	2
Greens, ...	...	...	3337 „	13	17	$11\frac{1}{4}$
Leeks, ...	...	...	1869 „	3	19	$0\frac{1}{2}$
Lettuce, ...	...	...	2008 „	12	10	$7\frac{1}{2}$
Mint, ...	...	...	4-16 „	0	0	2
Mustard and Cress, ...	...	...	67 „	0	16	9
Onions, ...	...	...	3619 „	12	19	$2\frac{1}{4}$
Peas, ...	...	...	533 „	4	1	$9\frac{1}{2}$
Parsley, ...	...	...	$865\frac{1}{2}$ „	10	16	$4\frac{1}{2}$
Parsnips, ...	...	...	2748 „	11	13	$10\frac{1}{4}$
Radishes, ...	...	...	66 „	0	5	6
Rhubarb, ...	...	...	14010 „	19	16	$2\frac{1}{4}$
Savoy, ...	...	...	2512 „	7	17	0
Shallots, ...	...	...	722 „	2	11	$6\frac{1}{2}$
Spinach, ...	...	...	490 „	9	7	$7\frac{1}{2}$
Turnips, ...	...	...	12425 „	20	11	1
Vegetable Marrow, ...	...	...	619 „	2	11	7
			66399 $\frac{3}{4}$ lbs.	£211	16	$5\frac{1}{4}$

J.—GARDEN.—*Continued.*

## Supply of Fruit, etc., from Garden—

Apples, ...	...	...	689 lbs.	£5 14 10
Black Currants, ...	...	...	243 „	8 2 0
Gooseberries, ...	...	...	199 „	2 9 9
Loganberries, ...	...	...	9 „	0 9 0
Raspberries, ...	...	...	89 „	2 19 4
Strawberries, ...	...	...	187 „	4 13 6
Tomatoes, ...	...	...	194 „	6 9 4
				<hr/>
				£30 17 9
				<hr/>

## Supply of Cut Flowers, Plants, etc.—

60 Plants at 10s per week, ...	...	...	£30 0 0
14 Pans of Bulbs and Flowers, 12 weeks, at 1s 3d per week, ...	...	...	10 10 0
Cut Flowers for 36 weeks at 2s 6d per week, ...	...	...	4 10 0
Christmas and New Year Decorations, ...	...	...	10 0 0
			<hr/>
			£55 0 0
			<hr/>

Total Supplies from Garden, ... £297 14 2½

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## K.—SEWING ROOMS—(Clothing made and Repaired).

## Maintenance—

## Women's Clothing.

266 Flannel Semmits at 4d each, ...	...	...	£4 8 8
107 Night Dresses at 6d each, ...	...	...	2 13 6
39 Patients' Serge Dresses at 3s each, ...	...	...	5 17 0
107 Patients' Print Dresses at 3s each, ...	...	...	16 1 0
15 Laundry Blouses at 8d each, ...	...	...	0 10 0
1 Dance Dress at 7s 6d, ...	...	...	0 7 6
2 Tweed Capes at 4s 6d each, ...	...	...	0 9 0
385 Ties (with lace ends) at 4d each, ...	...	...	6 8 4
327 Patients' Aprons at 2d each, ...	...	...	2 14 6
42 Pairs Stockings at 9d each, ...	...	...	1 11 6
296 (Refooted) Stockings at 4d each, ...	...	...	4 18 8
240 Pairs Drawers at 6d each, ...	...	...	6 0 0
27 Flannel Jackets at 6d each, ...	...	...	0 13 6
9 Long Flannel Gowns at 1s each, ...	...	...	0 9 0
			<hr/>
			£53 2 2
			<hr/>

## Men's Clothing,

272 Flannel Semmits at 6d each, ...	...	...	£6 16 0
508 Shirts at 1s each, ...	...	...	25 8 0
172 Night Shirts at 8d each, ...	...	...	5 14 8
2 Pairs Drawers at 1s each, ...	...	...	0 2 0
18 Ties at 2d each, ...	...	...	0 3 0
61 Pairs Socks at 8d each, ...	...	...	2 0 8
282 (Re-footed) Socks at 4d each, ...	...	...	4 14 0
40 Flannel Shirts at 1s each, ...	...	...	2 0 0
			<hr/>
			£46 18 4
			<hr/>



K.—SEWING ROOMS.—*Continued.*

## Bedding and Napery.

559 Sheets at 4d each,	...	...	...	£9 6 4
74 Draw Sheets at 2d each,	...	...	...	0 12 4
25 Bed Covers at 6d each,	...	...	...	0 12 6
260 Bolster Cases at 4d each,	...	...	...	4 6 8
662 Pillow Cases at 4d each,	...	...	...	11 0 8
81 Mattress Slips at 1s each,	...	...	...	4 1 0
119 Bed Ticks at 1s each,	...	...	...	5 19 0
80 Tablecloths at 2d each,	...	...	...	0 13 4
162 Kitchen Towels at $\frac{1}{2}$ d each,	...	...	...	0 6 9
298 Bath Towels at 1d each,	...	...	...	1 4 10
83 Table Covers at 8d each,	...	...	...	2 15 4
21 Chair Covers at 8d each,	...	...	...	0 14 0
16 Toilet Covers at 6d each,	...	...	...	0 8 0
284 Bandages at $\frac{1}{2}$ d each,	...	...	...	0 11 10
34 Shrouds at 4d each,	...	...	...	0 11 4
				<hr/>
				£43 3 11
				<hr/>

## Uniform.

17 Blue Serge Dresses at 4s each,	...	...	...	£3 8 0
85 Print Dresses at 4s each,	...	...	...	17 0 0
380 Aprons at 9d each,	...	...	...	14 5 0
54 Attendant's Aprons at 6d each,	...	...	...	1 7 0
100 Caps at 6d each,	...	...	...	2 10 0
7 Capes (Tweed) at 4s 6d each,	...	...	...	1 11 6
				<hr/>
				£40 1 6
				<hr/>

## Repairs.

29,326 Articles of Clothing repaired at 1d,	...	...	...	£122 3 10
				<hr/>
Total,	...	...	...	£305 9 9
				<hr/>

## L.—LAUNDRY—(Washing).

351,264 Articles washed and dressed at 1d,	...	...	...	£1463 12 0
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# TREASURER'S FINANCIAL TABLES.

*(For the Year 16th May, 1906, to 15th May, 1907).*

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FINANCIAL TABLE I.

PROVIDING ACCOUNT

	RECEIPTS.	Total for the Year.
I. <i>Assessment on District—</i>		
1. County of Ayr, ... ..	£2,663 1 0	
2. Burgh of Ayr, .. ..	413 7 3	
3. Burgh of Kilmarnock, ... ..	333 5 9	
4. Burgh of Irvine,... ..	90 6 0	
		£3,500 0 0
II. <i>Loans Borrowed on the Security of Assessments</i> , under the provisions of the Statute, ... ..		15,250 0 0
III. <i>Estimated Rent of Farm</i> , paid from the Maintenance Account, on account of Farm Lands acquired by purchase, and of Farm Buildings and Improvements, ... ..		100 0 0
IV. <i>Other Receipts</i> , .. ..		0 0 0
<i>Statement of Balance</i> against the Board at 15th May, 1907, ... ..		4,738 15 3
	Total, ... ..	£23,588 15 3

TOTAL COST PER BED. (PROVIDING ACCOUNT).

N.B.—Accommodation of Asylum on 15th May, 1907, for 650 Patients. Total Cost per Bed, including everything under “Providing Account,” since origin of Asylum in 1869 up to 15th May, 1907, £170,615 18s 10d ÷ 650 = £262 9s 8d.

for the Year ending 15th May, 1907.

## FINANCIAL TABLE I.

PAYMENTS.				Total for the Year.	Total Expend. since Origin of Asylum.
Statement of Balance against Board at 15th May, 1906,				... £2,588 2 6	
I. <i>Land</i> (exclusive of Farm Lands)—					
1. Purchase of Asylum Grounds.					
2. Rent of Asylum Grounds, Feu-Duty, and Stipend,				153 13 4	£5,941 17 10
II. <i>Asylum Buildings, Additions, Alterations and Improvements</i> —					
1. Improvement of Grounds, ... ..				£203 18 9	
2. Mason, ... ..				886 14 6	
3. Carpenter, ... ..				759 13 1	
4. Plumber, ... ..				959 15 3½	
5. Slater, ... ..				114 19 0	
6. Lath and Plaster, ... ..				645 13 10	
7. Painting, Glazing, and Papering, ... ..				516 4 9½	
8. Smith and Foundry Work, ... ..				82 18 4½	
9. Heating and Ventilating, ... ..				1039 16 0	
10. Architect and Master of Works, ... ..				674 17 0	
11. Plant for Electric Light, ... ..				642 12 11	
				6,527 3 6½	119,619 13 3
III. <i>Expenditure on Farm</i> —					
1. Purchase of Farm Lands, ... ..				£0 0 0	
2. Farm Buildings and Walls, Additions, Alterations and Repairs, ... ..				0 0 0	
3. Draining, Fencing, etc., ... ..				23 3 1	
				23 3 1	7,545 16 4½
IV. <i>Furniture and Furnishings</i> (comprising the outlay for the complete equipment of the Asylum, and of additions to it, and the cost of articles rendered necessary by increase of population)—					
1. Household Furnishings, ... ..				£25 18 3	
2. Ironmongery and Cutlery, ... ..				400 3 4	
3. Bedcoverings, ... ..				16 17 5	
4. Table Linen and Towelling, ... ..				10 8 4	
5. Mattresses and Upholstery, ... ..				387 2 5	
6. Carpeting, etc., ... ..				77 15 3	
7. Joiner-work and Cabinet-work, ... ..				316 8 4	
8. Stoneware and Glass, ... ..				0 0 0	
9. Minor Furnishings, ... ..				39 19 3½	
				1,274 12 7½	10,582 11 1
V. <i>Miscellaneous Expenses</i> —					
1. Interest paid on Bank Account, ... ..				£93 17 7	
2. Law, ... ..				183 0 8	
3. Insurance, ... ..				56 16 3	
4. Printing, Advertising, Stationery, and Incidents, ... ..				50 7 6	
5. Taxes Levied on Owner, ... ..				176 9 2	
				560 11 2	4,045 0 8½
VI. <i>Loans</i> —					
1. Temporary Loans Repaid, ... ..				£8,800 0 0	
2. Instalment of Loans, ... ..				2,000 0 0	
3. Interest on Loans (less Income Tax, amounting to £86 10s 0d), ... ..				1,661 9 0	
				12,461 9 0	20,761 12 11
VII. <i>Expenses for first year after opening of Asylum, borne by Capital Account, under provisions of Section 54, 20 and 21 Vic., cap. 71,</i> ... ..					
					2,119 6 8
Total, ... ..				£23,588 15 3	
Total Expenditure on Asylum up to 15th May, 1907, ...					£170,615 18 10

FINANCIAL TABLE II.

MAINTENANCE ACCOUNT

RECEIPTS.						Total for the Year
<i>Statement of Balance</i> in favour of Board at 15th May, 1906, . . . . .						£1,752 15 1
I. <i>Board of Patients</i> —						
1. Board receivable during Year (at fixed Rate of £26 since 14th November, 1906), . . . . .						£13,178 15 8
2. Extra Outlays on Patients during Year, for Funeral Expenses, Removals, etc., . . . . .						149 3 3
						£13,327 18 11
<i>Less</i> —Board Repayable for Patients Dead or Discharged before Expiry of Quarter, . . . . .						42 18 3
						13,285 0
II. <i>Farm and Garden Produce, etc.</i> —						
1. Value of Produce Sold—						
Pigs, . . . . .						£530 14 5
Grazings, . . . . .						40 5 7
						£571 0 0
2. Value of Produce supplied to Asylum—						
Green Vegetables, . . . . .						£211 16 5½
Fresh Fruits, . . . . .						30 17 9
Kitchen Waste for Piggery, . . . . .						26 0 0
						242 14 2¼
						813 14 2½
III. <i>Other Receipts</i> —						
Interest on Deposit Receipt, . . . . .						£1 8 1
Rags, Bones, and Old Iron Sold, . . . . .						15 17 2
						17 5 3
Total, . . . . .						£15,894 15 2½

1906-1907.—COST PER HEAD (MAINTENANCE ACCOUNT).

	Men.	Women.	Total.
Average Number of Patients resident during Financial Year, . . .	240	252	492
Average Number of Officials Boarded wholly or in part during Financial Year, . . . . .	36	48	84
Total, . . . . .	276	300	576

N.B.—Maintenance Expenses (£12,379 7s 9½d), less Profit on Farm and Garden Account (£311 12s 8½d) and Sales of Old Iron, etc. (£17 5s 3d), £12,050 9s 10½d, divided by 492 equals £24 9s 10½d, the Net Cost of Maintenance per Patient during Financial Year.



PAYMENTS.				Total for the Year.
<i>Maintenance of Patients and Expenses—</i>				
i. <i>Food—</i>				
1. Provisions Bought, .. .. .	£4,485	18	7	
2. Value of Produce supplied from Garden, ..	242	14	2½	
				£4,728 12 9¼
ii. <i>Clothing, Boots and Shoes, etc., .. .. .</i>	..	..	..	530 13 0
iii. <i>Medicines and Surgical Appliances, .. .. .</i>	..	..	..	122 17 3½
iv. <i>Wines, Spirits, and Malt Liquors, .. .. .</i>	..	..	..	20 11 9
v. <i>Tobacco, .. .. .</i>	..	..	..	118 3 4
vi. <i>Miscellaneous—</i>				
1. Taxes and Public Burdens levied on Occupier, ..	£76	9	5	
2. Interest paid on Bank Account, .. .. .	0	0	0	
3. Incidents ( <i>e.g.</i> Postages, Printing, Stationery, Advertising, Conveyance, Amusements, etc.), ..	391	14	10½	
				468 4 3½
vii. <i>Salaries and Wages—</i>				
1. <i>Officers</i> (viz., 1 Medical Superintendent, 2 Assist. Physicians, a 1 Consulting Physician, a 1 Chaplain, a 1 Treasurer, 1 Steward, a 1 Asst. Steward, 1 Matron, 1 Asst. Matron, and 1 Head Attendant), .. .. .	£1,572	14	1	
2. <i>Attendants and Tradesmen</i> (viz., 29 Attendants, a 1 Engineer, 1 Electrician, 1 Plumber, 1 Joiner, 1 Painter, 1 Night Stoker, 1 Shoemaker, a 1 Tailor, a 1 Baker, 1 Messenger, and 2 Gardeners), a Non-Resident.	1,688	11	7	
3. <i>Nurses and Servants</i> (viz., 33 Nurses, 1 Dress-maker, 1 Cook, 1 Kitchenmaid, 1 Hallmaid, 2 Housemaids, 1 Laundress, and 3 Laundrymaids),	884	9	7	
				4,145 15 3
viii. <i>Institution Necessaries—</i>				
1. Fuel, .. .. .	£1,292	1	1½	
2. Light, .. .. .	8	5	6	
3. Water, .. .. .	252	10	10	
4. Laundry and Household Requisites, .. .. .	423	9	4½	
5. Furniture and Furnishings (comprising the Outlay for the Replacement and Repair of all Furniture and Furnishings worn or destroyed in the ordinary course of Asylum Management—				
1. Household Furnishings, .. .. .	£44	3	6	
2. Ironmongery and Cutlery, .. .. .	29	7	1	
3. Bedcoverings, .. .. .	44	17	11	
4. Table Linen and Towelling, .. .. .	27	15	1	
5. Mattresses and Upholstery, .. .. .	22	6	9	
6. Carpeting, .. .. .	16	14	5	
7. Joiner-work and Cabinet-work, .. .. .	1	9	3	
8. Stoneware and Glass, .. .. .	65	16	10	
9. Minor Furnishings, .. .. .	15	12	5½	
	268	3	3½	
				2,244 10 1½
				£12,379 7 9¼
<i>Farm and Garden Expenses—</i>				
i. <i>Estimated Rent of Farm Lands</i> acquired by Purchase and of Buildings and Improvements, paid by the Maintenance Account to the Providing Account, .. .. .	..	..	..	£100 0 0
ii. Pigs, .. .. .	..	..	..	178 6 0
iii. Implements, Manure, Seeds, Fodder, Paid Labour, etc., .. .. .	..	..	..	172 5 6
iv. Value of Kitchen Waste supplied to Piggery, .. .. .	..	..	..	26 0 0
				476 11 6
<i>Extra Expenses for Funerals, Removals, etc., chargeable over and above Maintenance, ..</i>				149 3 3
<i>Statement of Balance in favour of Board at 15th May, 1907—</i>				
Due by National Bank of Scotland, Ltd., Ayr, ..	..	..	..	£2,826 5 9
Plus—On Deposit Receipt at Bank, .. .. .	£36	5	5	
On Deposit Receipt at Bank, .. .. .	5	9	8	
				41 15 1
Plus—Petty Cash on hand at Asylum, .. .. .	..	..	..	21 11 9½
				2,889 12 7½
Total, .. .. .	..	..	..	£15,894 15 2¼

## FINANCIAL TABLE III.

## FARM and GARDEN ACCOUNT

*For the Year ending 15th May, 1907.*

## RECEIPTS.

	Total for the Year
Pigs Sold, ... ..	£530 14 5
Grazings Let, ... ..	40 5 7
Value of Produce supplied from Garden to Asylum—	
1. Green Vegetables, ... ..	£211 16 5½
2. Fresh Fruits, ... ..	30 17 9
	<hr/>
	242 14 2
Value of Kitchen Waste supplied to Piggery, ... ..	26 0 0
Valuation of Pigs in Stock at 15th May, 1907, ... ..	147 5 0
	<hr/>
Total, ... ..	£960 19 2

## PAYMENTS.

	Total for the Year
Valuation of Pigs in Stock at 15th May, 1906, ... ..	£172 15 0
Estimated Rental of Farm Lands acquired by purchase, and of Buildings and Improvements, paid by Maintenance Account to Providing Account, ...	100 0 0
Value of Kitchen Waste received for Piggery, ... ..	26 0 0
<i>Ordinary Expenditure—</i>	
1. Pigs Bought, ... ..	£178 6 0
2. Implements, ... ..	21 18 8
3. Seeds and Plants, ... ..	43 16 3
4. Fodder, Grain, Roots, and Feeding Stuffs, ... ..	39 6 3
5. Manures, ... ..	59 11 0
6. Paid Labour, ... ..	4 0 0
7. Incidents, ... ..	3 13 4
	<hr/>
	350 11 0
Balance in favour of Farm and Garden, ... ..	311 12 8
	<hr/>
Total, ... ..	£960 19 2

N.B.—*Amount of Land in Occupation of Asylum, 119½ Acres, occupied thus—*

(1) Buildings, 4 Acres; (2) Recreation and Ornamental Grounds, 24 Acres; (3) Woods, Roads, and Railway, 14 Acres; (4) Vegetable, Fruit and Flower Garden, 10 Acres; (5) Crops, 0 Acres; (6) Pasture Lands, 67½ Acres.

JAM. E. SHAW, *Treasurer.*

JAMES HUTTON, C.A., *Auditor.*





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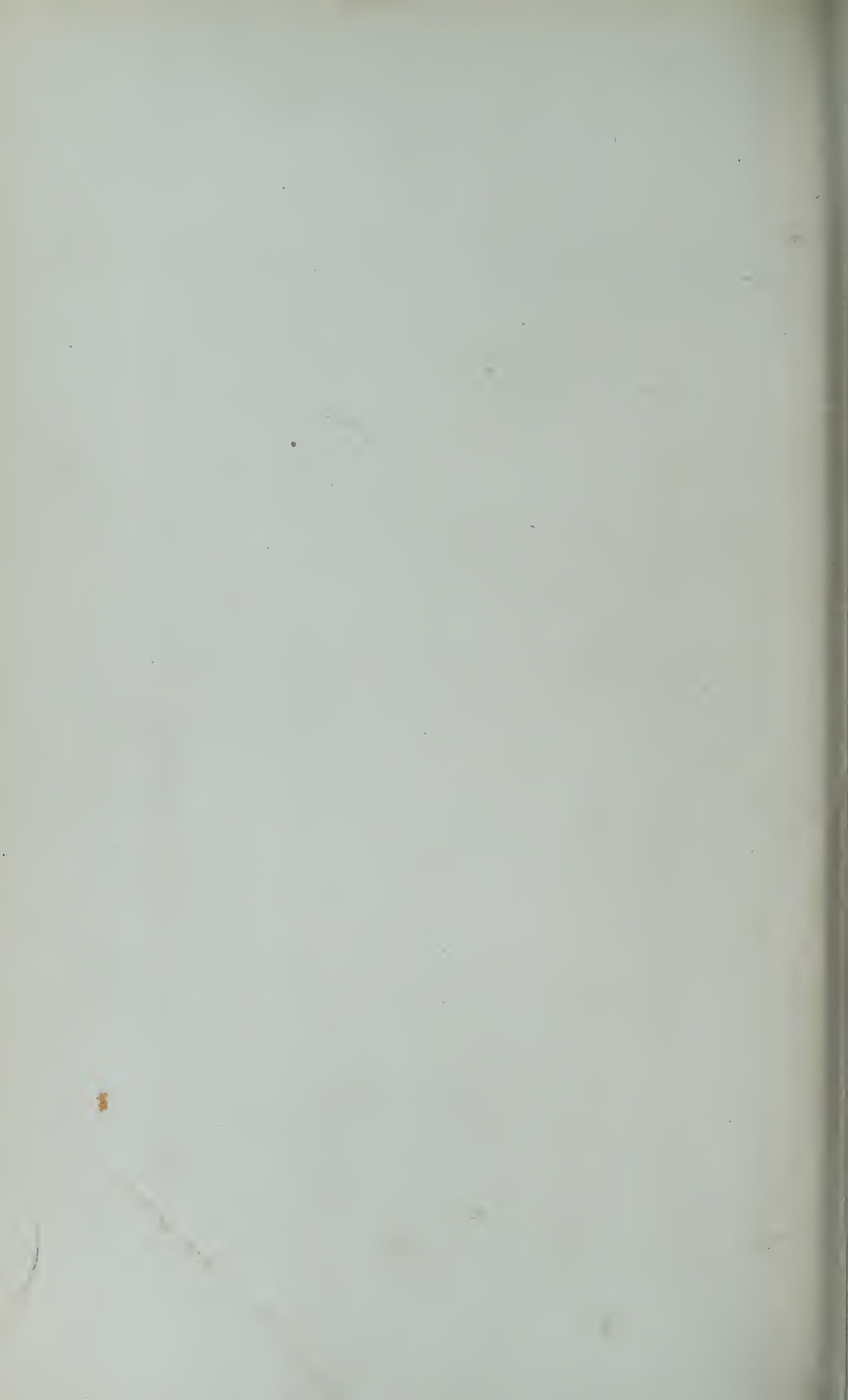
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OBSERVER Printing Works, Ayr.

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# THE NEW HOSPITAL AT AYR ASYLUM.

BY

C. C. EASTERBROOK, M.A., M.D., F.R.C.P.ED.,  
MEDICAL SUPERINTENDENT, DISTRICT ASYLUM, AYR.

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*Reprinted from the 'Journal of Mental Science,' July, 1907.*

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## THE NEW HOSPITAL AT AYR ASYLUM (1).

By C. C. EASTERBROOK, M.A., M.D., F.R.C.P ED.,

Medical Superintendent, District Asylum, Ayr, N.B.

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THE main features of the hospital which has recently been added to Ayr Asylum are: (1) It is a substantial building, one-storeyed, after the cottage hospital type. (2) It has been specially designed for the accommodation of those insane patients who are more appropriately treated in a building of hospital character, and the design gives effect to certain principles which, in my opinion, should underlie the construction of a mental as distinguished from an ordinary hospital, specially the principle of facility of supervision of the patients by the staff both day and night, and the principle of the treatment of active insanity by rest in bed in the open air, isolation, and other special measures for the alleviation of mental and nervous disorders. (3) Owing to the way in which the design facilitates the work of the staff, the hospital is, for the class of patients it contains, managed with a relatively smaller staff than usual; and so, while an efficient instrument for its purpose, is distinctly economical to administrate. (4) Owing mainly to the elimination from the design of everything which was considered superfluous, and notwithstanding the fact that the cottage-hospital type of structure is relatively expensive to build, the hospital at Ayr Asylum has cost, for total construction and fittings, £100 per bed, which is considerably less than the cost per bed of asylum hospitals hitherto. Efficiency for its purpose, low cost of original construction, and permanent saving in future expenditure on upkeep and administration, seem cogent reasons at this time, when the public press is constantly harping on the cost of modern asylums and the ever-increasing burden of the lunacy of the country, for giving a description of

this latest addition to Ayr Asylum. Before doing so, however, I shall describe the way in which the hospital scheme was taken up and carried through by the Ayr Lunacy District Board, as this undoubtedly had a distinct bearing on the ultimate cost to the ratepayers of Ayrshire.

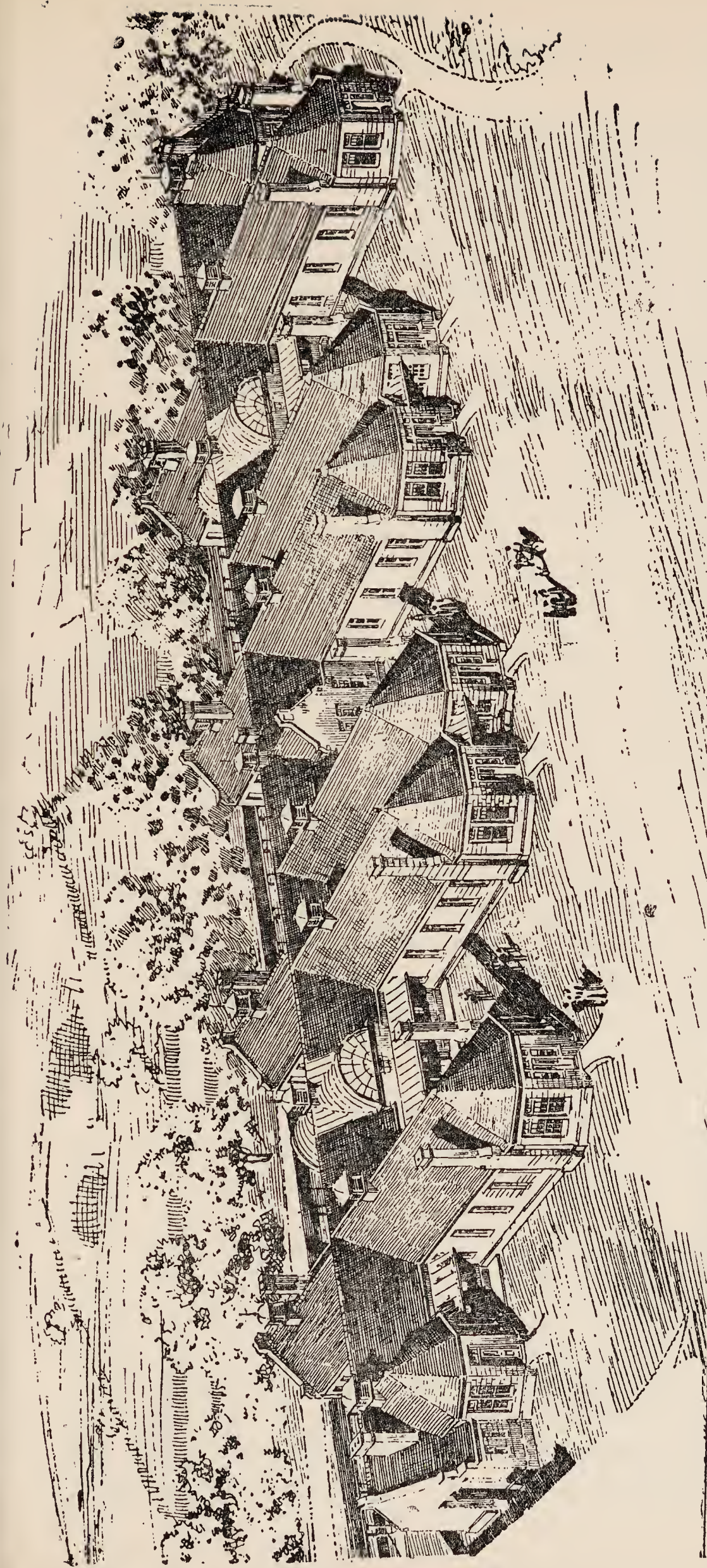
*History of hospital scheme.*—The Ayr District Asylum for the rate-paid lunacy of the county of Ayr was opened in 1869 with accommodation for 230 patients—115 of each sex. During the next thirty years the asylum population doubled itself, and considerable additions were made to the accommodation. In 1902, when I was appointed to my present post, the population exceeded 500, and the overcrowding of the asylum had again become a pressing question. Further, owing to the large proportion of senile and debilitated patients admitted during recent years, to the increasing infirmity of many of the older residents, and to the introduction of the modern treatment of recent and curable insanity by approved hospital methods, the accommodation for patients requiring treatment in wards of hospital character was specially deficient. Several of the wards of the main asylum, which had originally been intended as day-rooms or parlours, were in use as sick wards, and this had greatly curtailed the day-room space and produced a considerable disparity between the day and the night accommodation of the institution. After considering various schemes and consulting the General Board of Lunacy for Scotland, the District Board decided that the only satisfactory way of remedying matters was to provide a properly-equipped separate hospital for the accommodation of all patients who would be more appropriately treated in such a building, the removal of these patients from the main asylum not only relieving its wards of the class of patients for which they were not suitably constructed, but also making it possible for the deficiency in day-room space to be rectified, and the proper balance between the day and night accommodation of the institution generally to be restored. Having decided on the hospital scheme, the District Board commissioned me to visit the hospitals of other Scottish asylums, so far as seemed advisable, for the garnering of ideas, and I take this further opportunity of thanking the physicians of the majority of the Scottish asylums which I visited for their kindly co-operation, courtesy, and hospitality. Having had several years' practical and intimate experience of



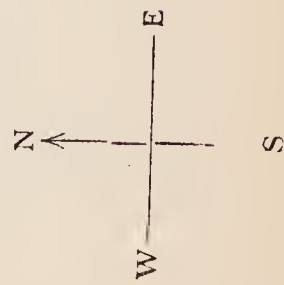
the special requirements in hospitals for the insane, particularly at Morningside Asylum, which, with its large annual admission rate of 450 and more patients, and population of over 900 inmates, has a specially active hospital department, having thereby come to form definite ideas on the subject of the construction of a mental hospital, and having gained various hints from the experience of other physicians with whom I had compared notes, I considered at this point that it would be more satisfactory, in the long run, to make an actual plan of the proposed new hospital at Ayr Asylum, showing not only the accommodation required, but also the most suitable arrangement of wards, observation bedrooms, verandahs, bath-rooms, and the like, than to follow the usual method of making out in writing a specification of the accommodation, and leaving its arrangement largely to the originality of competing architects, who could not be expected to realise all the details of internal disposition which would facilitate in the highest degree the working of a mental hospital, and who, further, are pardonably apt to subordinate the principle of utility to that of beauty and architectural effects. I therefore made a pen-and-ink outline drawing to scale of the ground-plan of the proposed hospital, showing the size and position of every ward, bedroom, bath-room, kitchen, and the like, and the position of doors, windows, fireplaces, baths, beds, etc., the actual drawing being reduced to simplicity by the aid of a large sheet of paper printed in one-eighth inch squares, each one-eighth of an inch being taken to represent one foot, and the walls being represented simply by lines, without allowance on the plan for their thickness. This plan was submitted to, and approved by, both the District Board and the General Board, and the District Board thereupon accepted it as the specification and plan of the accommodation of the proposed hospital, and ordered it to be lithographed, with a view to circulation among intending architects. The District Board then appointed an architect of eminence in his profession as assessor, or judge of the plans, selecting Mr. Sydney Mitchell, of Edinburgh, drew up the rules and conditions of competition—one of these being to the effect that the Board did not bind itself to necessarily adopt the plan placed first by the assessor—and by advertisement invited architects to compete for the work. To each architect who applied there were supplied a copy







• EYR • DISTRICT • ASYLUM • NEW • HOSPITAL •





of the rules and conditions of competition, and a copy of the lithographed design as the specification of the accommodation and actual plan of the hospital, and it will thus be seen that the main problem of the competing architects was the treatment of the exterior of the building (which was to be in keeping with the other asylum buildings) and its disposition on the selected site, a piece of ground sloping towards the south and west. Twenty competitive plans (without distinguishing names, etc.) were sent in, and the assessor in his report to the District Board made a short list of five, and placed three of these first, second, and third for the three prizes awarded. The District Board then appointed the measurers for the work, and instructed them to measure the five plans on the short list and to report thereon specially with a view to their estimated cost. After thoroughly considering these five plans and the assessor's and measurers' reports, the District Board finally selected, as all round the most suitable, economical and pleasing, the plan which had gained the third prize, namely, that of Mr. John B. Wilson, A.R.I.B.A., who was thus appointed architect of the hospital. His plans having been passed by the General Board, he prepared the various schedules for the work, advertised for contractors, and submitted the applications to the District Board, who made a selection of contractors who should receive schedules and be allowed to tender for the works, the architect being given power to add other contractors at his discretion in order to ensure competition where necessary. Owing to depression in trade at the time competition for the various contracts was keen, and the District Board with the aid of the architect in due course selected the list of contractors for the hospital, and the works were carried through in the usual way. The process of erection took eighteen months, and the hospital was finally opened and occupied in September, 1906.

*Organisation of asylum.*—The addition of the hospital raises the accommodation of the asylum to 650 beds (for patients) distributed as follows: main asylum 368 beds, two villas 104 beds, new hospital 154 beds, and isolation hospital 24 beds. The new hospital serves as (1) reception-house and sanatorium for all newly admitted patients, (2) sick room and infirmary for all inmates of the institution who are on the sick list or are through physical infirmity more or less bedridden or helpless, and (3) sanatorium for the isolation of patients with pulmonary

tubercle and other infectious diseases. The isolation hospital, which is situated near the new hospital, and so will conveniently serve in the future as an overflow hospital if necessary, is intended for use during infectious outbreaks of more serious nature or extent than can safely be dealt with in the wards of the new hospital for the isolation of infectious cases. The two villas, one for men and one for women, serve as the convalescent homes of the institution for those convalescent and better-behaved patients who are both sufficiently able-bodied and sufficiently trustworthy to be given parole of the grounds by day, and not to require staff visitation by night. The main asylum serves as the asylum proper for the supervision, care, and treatment of patients who are more or less able-bodied but untrustworthy. All patients admitted to the asylum are therefore treated in the hospital to begin with, and remain there until they become suitable for the convalescent villas, or otherwise for the asylum proper, the aim being to treat all new patients amid surroundings which, so far as is possible, do not suggest the asylum environment, and are with certain modifications much the same as those of an ordinary hospital and convalescent home.

*Site and general arrangement of hospital.*—The hospital is situated on a piece of high ground to the east and north of the main asylum. It is itself sheltered from these colder quarters by a belt of wood and rising ground beyond, and it faces the south, the ground immediately in front of the building sloping gently towards the south and west, and being laid out as a garden and recreation space for the hospital patients. A reference to the accompanying sketches will show that the hospital is one-storeyed and built on the same level throughout, thus avoiding the risks of upper storeys and flights of stairs, facilitating the access from ward to ward and from the wards to the garden and grounds, and ensuring the safe removal of the inmates in the event of fire; all of these being specially desirable points in the case of a hospital for insane patients of more or less acute sick and helpless types. The building extends for a distance of 120 yards from east to west, the main wards running forwards towards the south, and having corresponding north wings which form the main entrances to these wards for every-day traffic, and are joined to one another by a north covered way open at the sides. Passing from west to



east there are traversed in succession : (1) The men's annexe ward for phthisical and infectious cases, comprising a ward for three beds with kitchen and bath-room, two isolation and observation rooms, a nurse's bedroom, and a small south verandah ; (2) the men's reception ward with north wing, containing twenty beds in the body of the ward, six observation rooms, kitchen and bath-room at the north end, and parlour space at the south end ; (3) the men's conservatory or winter garden with large south verandah, used mainly as an extension of the reception ward ; (4) the men's infirmary ward with north wing, a large double ward with central partition, containing forty beds in the body of the ward, six observation rooms, kitchen and bath-room at the north end, and parlour space at the south end ; (5) the assistant matron's quarters (parlour south, bedroom and bath-room north) at the centre of the building ; (6) the women's infirmary ward with north wing, resembling the corresponding men's ward ; (7) the women's conservatory or winter garden with large south verandah, used mainly as an extension of the women's reception ward ; (8) the women's reception ward with north wing, resembling the corresponding men's ward ; and, finally, (9) the women's annexe ward for phthisical and infectious cases with small south verandah, resembling the corresponding men's ward. It will thus be seen that the hospital is divided by the assistant matron's quarters at the centre into two symmetrical and opposite halves, each half consisting from centre to east and west of a double infirmary ward, a conservatory with large verandah, a reception ward, and an annexe ward with small verandah, and that there are 154 beds for patients—77 for each sex. All the wards are 14 feet high ; in the two annexe wards there are allowed per patient for dormitory, day-room, and dining-room space 150 square feet of floor space, or 2100 cubic feet ; in the four reception and infirmary wards there are allowed per patient 100 square feet of floor space or 1400 cubic feet ; and each observation and isolation bedroom has an average floor space of 90 square feet and 1260 cubic feet of air space. Over and above these allowances of air space per patient, which correspond to the requirements of the General Board, it may here be mentioned that the two conservatories furnish supplementary day accommodation not included in the above figures, and that a main feature of treatment is rest in bed in the open



air of the verandahs, so that the requirements of the General Board have been liberally interpreted.

### A. *The Reception Wards.*

Each reception ward is shaped like a dagger, the body of the ward corresponding to the blade and the north wing to the haft or grip of the handle, and at their junction the kitchen and bath-room and the observation rooms opening on to short passages on either side form the cross-piece or guard of the handle. These lateral passages lead to the conservatory on one side and the annexe ward on the other, both of which under ordinary circumstances are managed as part, and by the staff, of the reception ward.

(a) *The body of the reception ward* measures 84 feet long by 24 feet wide. The parlour space is at the south or sunny end, which has a large bay window containing at its centre a folding door opening outwards to the hospital garden and recreation ground; on each side is a fireplace, and the parlour furnishings comprise basket chairs, table, etc. The twenty beds, ten on each side, occupy the main stretch of the ward, and are arranged in pairs opposite the butts between the windows, the butts being sufficiently broad to take two beds with a chair (Austrian bentwood) between them, the beds thus not projecting beyond the interior splays of the windows and so not being in any draught from the latter. Below each window is a heating and ventilating radiator. Along the centre of the ward opposite the beds are the dining tables, which, measuring 4 feet by 3 feet, permit of the classification at meal times of those patients who are not confined to bed. At the north end of the body of the ward is a specially-constructed ward cabinet containing separate cupboards for dressings and lotions, medicines, napery for immediate use, charts, urine glasses, etc.

(b) *The kitchen, bath-room and six observation rooms of the reception ward* open off the north end of the body of the ward. *The kitchen* opens directly off the ward so that a nurse engaged therein, as at sick-room cookery, can still keep the ward under observation. The kitchen contains a small range for sick-room cookery and for warming, if necessary, the chief meals of the patients, which are cooked in the main kitchen of the asylum, and delivered in a hand-van at the north

wing, into the corridor of which the kitchen also opens by another door. The kitchen has also a sink with plate-rack and drip-board (to save the work of drying dishes, etc.), a cupboard for other crockery and kitchen stores, and a kitchen table and chair. *The bath-room*, with lavatory and water-closet, also opens directly off the ward, an arrangement which is perfectly safe sanitarily with good plumber work, and has similarly the object of securing facility of supervision, so that the nurse standing at the door of the bath-room can safely observe the occupants of the ward and the bath-room. The water-closets, basins, etc., are so placed in the bath-room that they are easily observable from the ward door, and the water-closets for privacy have doors which, to allow supervision, are raised 1 foot above the floor, and are only 4 feet high. The bath-room has one bath with free access all round (a point of importance in connection with the bathing of new patients), two basins, a slunge for slops, a steeping tank for disinfection of any bed and personal clothing before it is sent to the asylum laundry, two water-closets, a stand for urinals, hand-basins, etc., and a fixed towel-rail and mirror. The bath-room fittings (chiefly by Twyford), are the latest asylum types for the avoidance of misuse and accidents, so far as this is possible by structural devices. The bath-room has, in addition to the door opening from the ward, two other doors, one opening from an undressing room in the north wing in which newly-admitted patients discard their clothing, and the other opening into one of the observation rooms, which thus also serves the purposes of an examination-room for a new patient (with whom it is thus possible for the physician to have, at the outset, a private and confidential interview), and of a dressing room on bathing days. The six *observation and isolation rooms* open off two short passages next to the kitchen and bath-room, and have been partially detached from the body of the ward to keep the latter as quiet as possible, but, at the same time, are freely accessible to the inspections of the nurse, who thus does not require to leave her ward for the purpose, inspection being facilitated structurally by placing the door of the observation room, in most instances, across one corner of the room, so that the nurse looking through the door can see at a glance all parts of the room. One of the observation rooms, in the passage leading to the annexe ward, is an india-rubber padded-room (by Pocock Brothers, of London).



The isolation rooms are also available, if not otherwise required, as private bedrooms.

(c) *The north wing of the reception ward* contains an entrance corridor, opening at one end into the body of the ward between the bath-room and kitchen, and at the other end to the north covered way outside. Opening on the two sides of this corridor are—(1) cloak and boot-room, next to the outside door; (2) coal-cellar, next to the outside door; (3) closet for pails, brushes, and floor-polish; (4) closet for soiled linen; (5) napery, blanket, and clothing store; (6) charge nurse's bedroom; (7) ward kitchen, which also opens, as already described, by another door, directly into the body of the ward; and (8) undressing room for newly-admitted patients, which contains a weighing machine and height standard, and opens by another door into the ward bath-room, which, again, as already described, opens by two other doors, into the body of the ward, and into the nearest observation room which thus serves the extra purposes of examination room for new patients and of dressing-room on bathing days.

B. *The Conservatories or Winter Gardens and Large Verandahs.*

These form elegant and useful features of the Hospital, and are placed between the reception and infirmary wards, and were originally intended by me for the use of those patients in both wards who were able to be out of bed, but unable to go out of doors owing to stress of weather. In practice, however, owing to the systematic carrying-out of the sanatorium treatment of all newly-admitted patients by rest in bed in the open air, the conservatories and their verandahs have been utilised almost entirely by the inmates of the reception wards, and are now regarded as part of the reception wards, and any patients in the infirmary wards who it is considered would be benefited by a course of bed-treatment in the fresh air are, for the time being, removed to the reception wards. Each conservatory opens by east and west doors into the reception and infirmary ward on either side, and by a folding door into the verandah, and is a large airy apartment, containing plants and flowers and basket-chairs, and forming a pleasant convalescent room for the reception-ward patients when indoors and not confined to bed, and devoted to such purposes as sewing-room, reading-



room, smoking-room, etc. The verandahs face the south, and are sheltered from the north east and west by the adjoining buildings, and their roofing projects well beyond the foot of the beds, which are arranged parallel to one another at right angles to the long axis of the verandah. A southerly gale with rain and severe wintry weather are the only conditions which prevent the use of the verandahs for the sanatorium treatment of active insanity. All newly-admitted patients, unless there is some special reason to the contrary, are taken to the verandahs on the morning following admission, and given straight away a course of rest in bed in the fresh air, lasting for days or weeks, according to circumstances. This system, combined with isolation if necessary in certain cases, and attention to individual features in all cases, is in my experience the most satisfactory method of alleviating active insanity, is productive of good therapeutic results, is based on sound physiology and correct pathology, and effects a minimum use of hypnotics and sedatives.

### *C. The Annexe Wards and Small Verandahs.*

These form the east and west extremities of the hospital. Each is an annexe of the reception ward, and under ordinary conditions is managed as an extension of that ward, and with the same staff, but if necessary the annexe can be entirely shut off from the reception ward and worked as an independent self-contained unit with its own staff. Each annexe has an entrance corridor opening by a door at one end to the outside grounds, and by a door at the other end into the reception ward, namely into one of the passages between the observation rooms. On the north side of the annexe corridor are a nurse's bedroom next to the outside door, and two observation and isolation rooms, one of which is conveniently used as a room for a patient who is dying, and who can be quietly visited by the relatives, and removed after death by the outer door of the corridor without attracting the attention of the patients. On the south side of the annexe corridor are two doors; one opening into the annexe kitchen is close to the outside door, for the delivery of food when the annexe is used as an independent unit, and the other, leading into the ward of the annexe, is opposite the two doors of the observation and isolation rooms,

so that the nurse merely has to cross the corridor to make her inspections, and can still keep the ward under observation. The ward of the annexe has a bay window facing south, and containing at its centre a folding door which opens outwards into the garden, and leads to a small sheltered verandah for the open-air treatment of patients suffering from pulmonary phthisis and other infectious diseases of suitable nature. The annexe verandahs are half the width of the conservatory verandahs, and can accommodate four beds placed side by side. Both annexe and conservatory verandahs can be inspected from the windows of the adjoining wards. The ward of the annexe has its own bath-room (with bath, disinfecting tank, slunge, and water-closet), and kitchen (with range, sink, rack, cupboards, etc.), both opening directly off the ward to facilitate supervision, the kitchen, as before mentioned, also having a separate door to the corridor. The ward is fitted with radiators below the windows, and a fireplace between the bath-room and kitchen doors, and it contains three beds, and in addition to the usual furnishings a cabinet similar to that in the reception ward, but smaller.

#### *D. The Infirmary Wards.*

These form an original feature of the hospital. For some years past at Ayr Asylum the class of patients suitable for treatment in such wards has been, in the case of both sexes, usually twice as numerous as the class of patients in the reception wards. This would have implied the building of two infirmary wards for each sex similar in size to the reception wards—that is, four infirmary wards in all, with four north wings, four bath-rooms, four kitchens, and probably not less than sixteen observation rooms (four to each ward). But the sick and the debilitated, the paralysed and the bed-ridden, the blind and the halt, the maimed and the helpless, who form the bulk of the inmates of an asylum sick-room and infirmary, are as a class quieter and more easy to manage, and require a relatively smaller nursing staff than the newly admitted, who, as a class, are physically ill and actively excited, depressed, confused, resistive, delusional, impulsive, suicidal, homicidal, and the like, and require not only skilled nursing but also careful supervision for the avoidance of accidents. Therefore I considered



that there would be at least no loss in efficiency, and yet a distinct gain in economical construction and administration, if it were possible to make one large infirmary ward for each sex. And this is what has been done. Each infirmary ward, like the reception ward, is dagger-shaped, but the blade of the dagger is twice as broad, the body of the infirmary ward measuring 84 feet long by 48 feet wide, and being partially divided into two halves by a longitudinal partition, which by its pillars supports the roof, and is pierced at its centre by an archway through which, as well as at both ends, there is free passage between both halves of the body of the ward. The partition is 10 feet high, and is clear both of the floor and ceiling for cross ventilation; its upper 6 feet consists of glass and wood to facilitate supervision, and its lower part consists of Fram boarding cemented to give a sense of comfort and privacy to the patients occupying the beds on either side of the partition. The body of the infirmary ward, each half of which measures 84 feet by 24 feet, is thus twice the size of the body of the reception ward. The parlour space of the ward is at the south end, which has two large bay windows, with folding doors at the centres opening to the garden, and a fireplace on each side. The forty beds occupy the main stretch of the body of the ward, being arranged ten on each side of the partition, and ten next to the outside walls in pairs opposite the butts between the windows. Radiators are placed below the windows and hot pipes below the partition. In addition to the usual furnishings there is a large cabinet similar to that in the reception ward and placed at the north end. Opening off the north end of the body of the ward are (1) the kitchen, which is similar in size and arrangements to that of the reception ward; (2) the bath-room, which is slightly larger than that of the reception ward and contains two baths, but experience has shown that one bath would have sufficed, so many of the inmates of the infirmary ward being bedridden, and therefore requiring to be sponged and cleansed in bed; and (3) the six observation and isolation rooms, which are a sufficient proportion for the quieter class of patients concerned. The short passages between the observation rooms on either side lead by east and west doors to the conservatories and to the corridor of the assistant matron's quarters at the centre of the hospital. Between the kitchen and bath-room is the door leading to the



corridor of the north wing of the infirmary ward, which is the same size as the north wing of the reception ward, and has the same suite of rooms with the exception of an undressing room, which was unnecessary, as no patients are admitted directly to the infirmary wards from the outside community. The extra space thereby gained has been utilised for the necessarily larger napery and clothing store, and cloak and boot-room. From the description it will be seen that the infirmary ward, like the reception ward, has main doors of entrance and exit placed north, south, east, and west. All the doors of the hospital and its various apartments, with the undernoted exceptions, have spring locks, and so when closed can only be opened by means of an official's key. The exceptions comprise the doors of all observation and isolation rooms, and the doors leading from the body of the various wards to their respective entrance corridors in the north wings and east and west annexes. These doors have dead locks. It may be added that all the large folding doors at the south ends of the wards and conservatories are kept open during the greater part of the day in suitable weather, affording pleasant views of the hospital garden and country beyond.

From the description which has been given of the plan of the hospital, it will be seen that *the essential principle aimed at in the design of every ward has been to facilitate structurally the work of the nurse.* The essential point of distinction in the nursing, care, and supervision generally of insane patients in hospital wards, as compared with ordinary patients in hospital wards, is that the supervision of the former by the nurses must be constant, ready, and vigilant. This is the only way to prevent accidents. In the case of a general hospital ward the nurse on duty can often leave her ward safely for a few minutes to go, say, to the kitchen, bath-room, napery store, etc. In the case of a mental hospital ward, however, in which there are always some untrustworthy patients, the nurse on duty can never safely leave her ward in this way, but must always remain present and watchful. The ward must, therefore, be so arranged that it is not necessary for the nurse on duty to leave it, should there be only one nurse on duty at the time, as during the night, staff meals, etc. For this reason, in every ward of the hospital the kitchen and bath-room and observation rooms have been made directly accessible from the body of the ward, the observation

rooms, for the sake of the quietness of the ward, opening on to short side-passages ; and in close proximity has been placed a specially constructed ward cabinet containing napery for immediate use, dressings, medicines, etc. By grouping the kitchen, bath-room, observation rooms, and cabinet at the north end of the ward—thereby appropriately freeing the sunny south end for the parlour space—and by aggregating the patients who require most attention and supervision in the beds at the north end and in the observation rooms, it is obvious that the work of the nurse has been considerably facilitated, and that mental hospital wards constructed in the above manner can be efficiently managed by a relatively small staff.

*Administration of hospital.*—The hospital, with its 154 beds (for patients), has a day staff of eighteen, and a night staff of four, each infirmary ward having a staff of four day nurses and one night nurse, and each reception ward with the annexe and conservatory and verandahs having a staff of five day nurses and one night nurse. During the eight months the hospital has been in occupation it has been necessary on only two occasions, following the admission of an extra number of difficult female cases, to temporarily strengthen the staff of the women's reception ward by the addition of one special night nurse. Hitherto, owing to the comparatively simple nature of the cases in the annexe wards, it has not been necessary to work either of them as a self-contained unit separately from the reception ward ; but if this contingency should arise the annexe ward would be shut off from the reception ward and staffed with one day nurse and one night nurse. The four ordinary night nurses make their headquarters at the north ends of the reception and infirmary wards. The day charge-nurses of these four wards have their bedrooms in the corresponding north wings, and the second charge-nurses of the two reception wards sleep in the east and west annexes. The assistant-matron's quarters are accessible from the infirmary wards, between which they are situated. The hospital wards are in telephonic communication with the main asylum buildings, namely with the medical officers' quarters and the headquarters of the two chief night officials, who pay periodic visits to the hospital.

*Male nurses v. female nurses.*—In the hospital the men's reception ward is staffed with male nurses or attendants, and the other wards by female nurses, the nursing of insane men by



women being thus confined to the men's infirmary ward. In the men's infirmary ward the nurses, with the assistance of three or four helping patients, perform all the duties required of them, except the bathing of those relatively few patients who are not confined to bed, and who by a simple arrangement go for their bath on bathing days to the men's reception ward. To some extent the inmates of the men's infirmary ward are selected; that is to say, any male patient who requires hospital treatment, but is considered an unsuitable case to be nursed by women, is sent, not to the infirmary ward, but to the reception ward; and if any patient already in the infirmary ward proves himself unsuitable for female nursing, he is sent to the reception ward; and conversely, any male patient in the reception ward who is considered a suitable case to be nursed by women is sent to the infirmary ward. The class of patient in the men's infirmary ward—the more or less quiet and harmless insane man with bodily infirmity or illness—is in my experience efficiently nursed and supervised by women. At the same time there are many insane men who require careful nursing and supervision, who cannot be suitably or safely nursed by women, owing to the intensity of their mental symptoms, for example, severe excitement, vivid hallucinations and delusions, suicidal and homicidal tendencies, etc., these being common amongst newly-admitted cases; and for this reason the men's reception ward has a staff of male nurses or attendants, and of attendants only. Given the right type of attendants with the true nursing instinct—and they exist—the work of the reception ward is performed with efficiency, propriety, and safety, and with satisfactory therapeutic results. Although the men's infirmary ward has a staff of female nurses, who are under the jurisdiction of the matron and her assistant, the head attendant keeps in touch with the patients of this ward and supervises their clothing and the furnishings of the ward. Given head officials of the right type, administrative difficulties do not arise. The assistant matron, who is a fully-trained and certificated hospital nurse, supervises the practical instruction of the nurses in the men's infirmary ward and in the women's wards, but she is careful not to derogate the authority of the charge nurses, and her duties do not extend to the men's reception ward.

*Food and cooking arrangements.*—The chief meals for the hos-



pital are cooked in the main asylum kitchen, and, as in the case of the villas, are conveyed in closed hand-vans, being delivered at the north wings and warmed, if necessary, before serving in the ward kitchens, which are also utilised for any extra sick-room cookery. The meals for those patients not confined to bed are served at the dining tables in the wards, or for variety in the conservatories or on the garden terrace in suitable weather. The staff go for their meals to the mess-rooms in the nurses' and attendants' homes at the centre of the main asylum buildings.

*Laundry arrangements.*—All bed and personal clothing from the hospital is washed in the asylum laundry, being previously disinfected, if necessary, in the ward bath-rooms.

*Ventilation.*—The system of ventilation is mainly natural—by windows, doors, and fireplaces—but is aided by extraction fans placed in ceiling trunks and driven by electricity supplied from the asylum electric station and boiler-house. Each window has (*a*) an upper “Hopper” sash hinged below and opening inwards, where it rests on two cheeks; (*b*) two ordinary sashes moving vertically up and down so as to allow clear openings to the maximum extent of six inches above and below; (*c*) a deep lower sill-rail; and (*d*) below each window is a ventilator and radiator. The only windows of the building which have shutters are those of the observation bedrooms. These shutters consist of two vertically-moving sashes, which can be locked half way up or right up, and the upper sash is pierced for ventilation. Each observation room has its own ceiling ventilator and extraction shaft.

*Heating.*—The heating is by means of radiators in the wards and conservatories, and of horizontal pipes protected with Russian steel in the observation and isolation rooms, and is effected by hot water at low pressure on the Reck patent circulator system, the steam for heating and circulating the water being supplied from the asylum boiler-house. The special feature of this Danish system of heating is that the steam, reduced by a valve to low pressure (a pressure of three pounds to the square inch suffices as a rule in the case of the hospital) not only heats but also circulates the water in the system, thereby circulating the hot water downwards as well as upwards, and moving it through the pipes and radiators much more quickly than in the case of the ordinary low-pressure systems, with the result that there is no difficulty in keeping the wards at a temperature of

60° F. even in the depth of winter. Last winter was a specially severe one, and yet it was never necessary for the radiators, which are numerous and can each be independently regulated with a key, to be worked to their full heating capacity, and consequently no fires were required to warm the wards. The circulators and main piping of the Reck system are carried in the roof, thereby avoiding not only the considerable excavation and building necessary in the making of an underground duct, but also the presence of much unsightly piping in the wards, the chief pipes visible being the small vertical flow and return pipes for each radiator.

*Lighting.*—The lighting is by electricity, supplied from the asylum electric station, and by means of double filament lamps, each of sixteen candle-power and two candle-power, subdued light is secured during sleeping hours.

*Protection from fire.*—As the whole hospital is on the ground level, and as each main ward has exits to the north, south, east, and west, and each annexe has exits to the south, east, and west, there is abundant provision for the safe removal of the patients in the event of fire. Each ward has its supply of fire-buckets for first aid, and an internal fire-plug; and surrounding the hospital is a 4-inch water main, with external fire-plugs at necessary points. Each ward is provided with an electric fire alarm, the button of which, when pressed, sets off the siren at the asylum fire station, and alarm gongs in the sleeping quarters of the fire brigade.

*The water supply and the sewage system* are connected to the corresponding systems of the rest of the asylum, the water being supplied by the Corporation of Ayr, and the sewage being dealt with in the asylum septic tank and filter beds.

*The materials, fittings, and furnishings* of the hospital are substantial in character, and sufficient indication of the nature of the fittings and furnishings has already been given in the foregoing description. As to the materials of construction, the roofs are slated and have red tile ridges. The walls are of white freestone outside, and of single brick inside, the stone and brick walling being separated by a 3-inch cavity. The brickwork is finished internally with Keen's cement below (6 feet), and Adamant plaster above, all internal angles and corners being rounded off to facilitate cleaning, and the painting of the walls is in duresco. The floors are in selected narrow



maple, stained and polished, as are also the walls and specially constructed shutters of the observation rooms. The floors of the bath-rooms, conservatories, and corridors of the north wings and annexes are in terrazzo. The walls of the conservatories are in glazed white brick, and the lower walls of the bath-rooms and kitchens are tiled.

*Cost of hospital.*—The cost of the hospital for total construction and fittings has been £100 per bed, which is considerably less than the cost per bed of asylum hospitals hitherto. The main explanation of this moderate cost has been the design, from which, while securing the means of efficient treatment, I eliminated everything which could be considered superfluous. Thus, in the first place, given the main kitchen of an asylum, and the means of distributing the cooked food—a system which is observed in all large hospitals and has received further development in asylums with separate villas—there is no necessity for the central kitchen seen in the majority of the hospitals of asylums. All that is required is the ward kitchen, which, in any case, is necessary in any properly equipped hospital ward. Again, there is no necessity for a central dining-room, or for special day-rooms, or special dormitories in an asylum hospital, apart from the hospital wards themselves in which insane patients have their habitat for the time being, like the inmates of ordinary hospital wards. The mental hospital ward, like the ordinary hospital ward, serves as dormitory, day-room, and dining-room for its inmates, and if the requisite space is provided in the ward for these three purposes, there is no need to double the dining, sitting, or sleeping accommodation for the identical patients within the same building. And it is not a difficult matter to combine in the form of a well-proportioned ward the allowances of dormitory, dining, and parlour space required for a given number of patients, and to arrange the ward internally with a view both to useful working and pleasing appearance. Again, the addition of a central kitchen and central dining-room, and of special day-rooms and special dormitories in the hospital of an asylum, obviously means not only extra original cost of construction, fittings, and furnishings, but also a corresponding increase of officials to look after them, and extra accommodation for these officials; and all this means a permanent burden on running expenses in the future for upkeep of fabric, fittings, and furnishings, and for board and wages of staff. For these



reasons I eliminated from the design of the hospital a central kitchen and dining-room, and special day-rooms and dormitories, and decided that the hospital should consist essentially of wards, each of which, like an ordinary hospital ward, was to combine the proper dormitory, dining, and parlour space required for a given number of patients. Again, as regards the design of the hospital wards themselves, the plan of the two large double wards with central partition is not only suitable for the quieter class of insane patients who form such a large proportion of the inmates of the sick-rooms, infirmaries, and hospitals of asylums, but has obviously effected a considerable saving as regards the original cost of construction, fittings, and furnishings, and also the future cost of upkeep and staff expenses. In confirmation of this latter point it may be mentioned that during the eight months the hospital has been in occupation, and notwithstanding a reduction of sixpence per week in the rate of board for the asylum patients during the last six months of that period, the credit balance under the maintenance account of the institution was increased by £600. The opening of a large addition to an asylum, as a rule, tells heavily at first on the maintenance account.

Other factors which have contributed to the moderate cost per bed of the hospital have been the care bestowed by the architect on the details of his schedules and the supervision of the works during erection, the introduction of the system of heating adopted, the use of the asylum branch railway for the conveyance of the heavy materials of construction, and, lastly, keen competition owing to depression of trade at the time of the placing of the contracts.

(<sup>1</sup>) Visited by the Scottish Division of the Medico-Psychological Association, on the 22nd March, 1907.









# THE SANATORIUM TREATMENT OF ACTIVE INSANITY

BY REST IN BED IN THE OPEN AIR.

*Paper read at the Annual Meeting of the Medico-Psychological  
Association at London, July, 1907,*

BY

C. C. EASTERBROOK, M.A., M.D., F.R.C.P.,  
MEDICAL SUPERINTENDENT, AYR DISTRICT ASYLUM, AYR.

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## THE SANATORIUM TREATMENT OF ACTIVE INSANITY BY REST IN BED IN THE OPEN AIR.

By C. C. EASTERBROOK, M.A., M.D., F.R.C.P.,  
Medical Superintendent, Ayr District Asylum, Ayr.

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DURING the past year I have systematically employed rest in bed in the open air as a special method in the treatment of all patients newly admitted to the Ayr District Asylum; and during the past six months I have carried out the same method in the treatment of all resident patients exhibiting relapses or phases of active insanity, the latter including the most difficult and most dangerous cases in the institution. At present, therefore, all patients in Ayr Asylum who manifest their insanity in such active forms as marked morbid excitement, exaltation or depression, distinct delirium, confusion or stupor, vivid hallucination and delusion, active homicidal or suicidal tendency, impulsiveness and the like, are being treated by the method of rest in bed in the open air, a method which may be conveniently termed the sanatorium or open-air rest treatment of active insanity. Although it is yet too soon to speak as to the ultimate therapeutic value of this system, and several years must necessarily elapse before its effect on the recovery rate in insanity can be definitely ascertained, even a short experience has sufficed to demonstrate the immediate benefits and strong points of the system, and to show that it is a more satisfactory method of treating those who are actively insane than either the outdoor exercise or indoor rest procedures hitherto in vogue, and that, indeed, it secures the advantages without the disadvantages of the exercise and rest systems combined. The particular combination of rest in the recumbent position and in the fresh air of the open would indeed seem to be Nature's



specific for at least the alleviation if not the cure of an attack of insanity; and the method is not only based on sound physiology and correct pathology, but it is so easily carried out in practice, it so obviously benefits the health of the patients—not to mention also that of their nurses—and withal it is so pleasant a remedy both in the receiving and the giving, that even a comparatively short experience of its employment has convinced me that the systematic open-air rest treatment of active insanity has come to stay, and that at no distant date it will secure a wide sphere of application in asylum practice, and in the treatment of the psychoses and neuroses outside of asylums. Before describing the sanatorium treatment of active insanity I wish to put before you the stages in its development, and to show how, after an apprenticeship in the exercise system of treating active insanity, I came to adopt the rest method, and by allying the latter with the open-air cure, as suggested by the modern treatment of pulmonary tubercle, I arrived at the combined method of rest in bed in the open air, which has been in vogue at Ayr Asylum during the past year.

(I) *The Asylum or Outdoor Exercise Treatment of Active Insanity.*

From 1894 to 1902 I followed the exercise system of asylum practice which has prevailed since the dawn of modern psychiatry, and still has many advocates as a treatment of active insanity. By this system, if a newly admitted patient appears to be in fair physical condition and to have no important complication of heart, lungs, kidneys, and the like, if, in short, he seems to be sufficiently strong and healthy, he is sent to a ward of asylum dayroom or parlour type, placed for a time under special observation by himself, or in a group with others, and prescribed a course of treatment, an essential feature of which is a certain amount of outdoor exercise daily. If, however, his physical condition, general or local, is such as to indicate confinement to bed, he is sent to the hospital department and treated in bed until it is thought that he is sufficiently able physically to be out of bed and to take exercise daily. The foregoing procedure may be conveniently distinguished as the asylum or outdoor exercise treatment of

active insanity. In my experience the intrinsic advantage of this system is the more or less rapid physical improvement of the patient, that is to say, an early improvement in the appearance and condition of the skin, in the condition of the muscles, in the state of the tongue, appetite and digestion, in the action of the bowels, liver and kidneys, in the quality of the blood and circulation, and sooner or later in the weight. The physical improvement is followed by the improvement in the sleep and mental condition in the great majority of cases; that is to say, the improvement in the condition of the general bodily organs usually precedes the improvement in the state of the cerebral cortex and lower nervous centres. This retardation of the mental improvement, in my experience, constitutes the weak point of the outdoor exercise method in the treatment of active insanity, and is due, apart from the factor of the inherent powers of recuperation of the nerve centres themselves, not to the fact of the patient being out of doors, but to the effect of exercise in keeping up an excitation of the disordered nervous centres, and thus in tending to consume unduly their diminishing chromatic substance and store of energy. The treatment of active insanity by exercise has, I think, arisen from the idea that what is good for the muscles and bodily organs generally is likewise good for the disordered brain and nerve centres. There are, however, good reasons for believing that there is an essential difference between the metabolism of the muscles and body generally and that of the nervous system. Thus the observations of Voit and many others (Schäfer's *Text-Book of Physiology*) show that starving men and animals live at the expense of their fat, muscles and glandular organs, and that in fatal cases the fat and muscles suffer the greatest relative loss in weight, whereas the central nervous system suffers the least. Then, again, as F. Gotch (*op. cit.*) has pointed out, whereas during muscular activity, mechanical, electrical, chemical and thermal changes occur, during nervous activity, electrical changes alone are readily demonstrable, chemical changes are very slight, and thermal changes have as yet not been observed. As Gotch remarks, "the negative character of the evidence of (nervous) metabolism is an important circumstance in connection with the rationale of nerve phenomena, and such positive data as exist support the conclusion that nerve metabolism must be very small in



amount." Lastly, Atwater's famous experiment (*U.S.A. Department of Agriculture, Bulletin No. 44, 1897*) was perhaps the first experimental demonstration of the essential difference between nervous and muscular metabolism. He placed a man, kept for the time on a fixed diet and under the other necessary conditions of the experiment, in a respiration calorimeter for twelve days, divided into five successive periods, of rest ( $1\frac{1}{2}$  days), severe mental work (3 days), absolute rest (3 days), severe muscular work (3 days), and rest ( $1\frac{1}{2}$  days), and he found that during the period of severe mental work the temperature of the air in the chamber and the amount of carbonic acid given off remained the same as during the days at rest, and that during the period of hard muscular work the temperature distinctly rose and the amount of carbonic acid given off was very conspicuously increased. While, therefore, the metabolism of the nervous centres, as judged by chemical, thermal and mechanical effects, is small in amount in comparison to that of the muscles, electrical phenomena during nervous activity are characteristic features, and indeed the central nervous system may, with a considerable approximation to the truth, be regarded in the light of a battery, which during life is more or less constantly engendering energy from its stores of chromatic or other substance, and therefore tends to become exhausted or fatigued, specially in those diseases, as the psychoses and neuroses, in which chromatolysis is well recognised as an outstanding feature.

As is well known, outdoor exercise, if unskilfully employed in the treatment of neuroses and psychoses, leads to the evils of fatigue, such as bodily and mental exhaustion, ready exhaustibility, insomnia, and specific sensory and motor symptoms of fatigue (as pains in the head, back or limbs, tenderness over the spine or in other areas, fine intention tremors and local twitchings of muscles, increased tendon reflexes and the like), also such effects as impairment of appetite and digestion, and loss in weight. The later researches on the subject by Mosso, of Turin (*Fatigue*: Swan, Sonnenschein & Co., London, 1904), and others, show that fatigue, however produced, whether by muscle work or by brain work, is essentially a nervous phenomenon, an exhaustion and poisoning of the nerve centres, and consequently the idea that exercise in the treatment of active insanity serves as a safety-valve for getting rid of superfluous energy has become



more or less exploded. Systematic outdoor exercise is therefore of doubtful utility in the treatment of active insanity, in which the finer symptoms of nervous irritation and exhaustion are so common. Occasional mild exercise is allowable for the benefit of the muscles and non-nervous organs of the body, provided that it does not give rise to symptoms of exhaustion; and even this amount of exercise is contra-indicated if the patient happens to already exhibit the finer signs of fatigue. But just as rest and exercise are both necessary to the preservation of health, so are they the complement of one another in the treatment of disease, and carefully regulated outdoor exercise is specially useful during convalescence from active insanity. It is, of course, hardly necessary to refer here to the value of regular outdoor exercise in the hygiene of the chronic insane. Not being satisfied with the suitability of the outdoor exercise system for the treatment and observation of newly admitted and actively insane patients, I ceased to employ it in this connection in 1902.

(2) *The Hospital or Indoor Rest Treatment of Active Insanity.*

Since the summer of 1902 it has been my regular practice to receive all patients admitted to Ayr Asylum into wards of hospital type, and to prescribe a preliminary course of bed treatment, during which regular observations are made of the temperature, pulse, respiration, action of the bowels, state of the urine, amount of sleep, weight, mental condition, and any other changes of note, physical and psychical, these observations, and also the dietary and medicines prescribed, being recorded on charts, of which the accompanying is a specimen (see *fac-simile* of Ayr District Asylum chart). These charts, which are ruled on the back for notes on progress, are the same size (foolscap) as the pages of the case-books, into which they are finally collected from the wards, and pasted in their proper places following the records of the history and condition on admission of the various patients. It will be seen that the above procedure is simply an application of general hospital methods to the case of the newly admitted insane, both those obviously suggesting and those apparently not requiring treatment in hospital; and as its distinctive feature is the preliminary course of rest in bed in a ward of hospital type, the method may be conveniently distinguished

as the hospital or indoor rest treatment of active insanity. Having thus had considerable experience of both the outdoor exercise and indoor rest systems in the observation and treatment of actively insane persons, I have no hesitation in recommending, on both clinical and therapeutical grounds, the system of placing all newly admitted insane patients in bed amidst hospital surroundings for at least an initial period of observation and treatment. It may seem strange at this time of day to have to put in a plea for the systematic bed-side or clinical observation and treatment of those whose insanity is sufficiently active to cause them to be sent into asylums, especially when we remember that psychiatrists are constantly preaching the fact that the insane man is a sick man, and that insanity is a disease—a disease of the brain, nervous system and body in general. The fact, however, that the older asylum or ambulatory method of treating and observing those who are actively insane is still largely followed in asylums, is a sufficient reason, and calls for a statement of the advantages which in my experience attach to the system of placing all newly admitted patients in bed amid hospital surroundings for at least a preliminary period of observation and treatment. This period need not exceed two to three days in a small proportion of cases, in which the morbid mental and nervous condition is quiescent and the bodily health is fair; but even this short period in such cases suffices to secure the advantages of the hospital system, which are chiefly as follows :

*Firstly*, it is a good procedure from the point of view of the *physician*, inasmuch as it enables him to make a more satisfactory examination of the patient's physical and mental condition from day to day. All the bodily functions, discharges and symptoms of the patient, his dieting and feeding, medication, etc., being under constant bedside observation, and the facts being recorded on the clinical chart, any changes which occur are not so likely to escape notice, and so the physician feels that he has a more satisfactory clinical grasp of his patient, and can observe his progress from day to day with greater precision and care.

*Secondly*, it is a good procedure from the point of view of the *nurse* for sundry reasons, chiefly that it enables the nurse likewise to carry out with greater satisfaction to himself or herself the recognised duties of the vocation of nursing; for the patient being under constant supervision in bed has his various require-



A. D. A. CHART. WARD

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ments more readily observed and more readily attended to. Further, patients who are actively insane, in my experience, are more contented and more manageable in bed than on their feet, and less apt to be dangerous to themselves or others, if so inclined, with the result that the chances of undesirable accidents are considerably reduced ; and, consequently, the bed treatment of the actively insane makes the difficult and often trying work of the mental nurse safer, easier, and more pleasant to all concerned. Again, the regular practice of treating all newly admitted insane patients in bed amid hospital surroundings is more effective than all the preaching in making the probationer nurse realise the cardinal fact that insanity is an illness, disorder, or disease of the body corporeal.

*Thirdly and chiefly*, the hospital system is a good procedure from the point of view of the *patient*, partly as the result of the preceding factors—the more satisfactory attendance by physician and nurse—and partly for other reasons. Thus, it is well known that those newly admitted insane patients who are sufficiently in their senses to realise their surroundings often keenly resent being sent to an asylum, regarding it more or less in the light of a degradation and something to be ashamed of, with consequent wounding of the *amour propre*, and the arousal of an attitude of mind which is unfortunate at the outset of treatment and is not conducive to recovery. If such a patient on admission is placed in bed amid hospital surroundings and treated as a sick man, as he really is, he from the outset comes to regard himself as a sick man and not as an injured man, as he is more apt to do if received straightway into the less familiar but readily recognised environment of the ordinary asylum day-room or parlour. And further, the more able-bodied the patient appears to be, the more likely is he, as a rule, to resent his confinement, and therefore the more reason for placing this type of new arrival for a time in bed amid hospital surroundings ; for, under the circumstances, it is better that his mind should be occupied with the suggestion that he has been and is ill, than that it should become the seat of those more turbulent feelings of injured self-esteem, indignation, and the like, which effectually banish for the time all sense of peace and contentment. Lastly, by placing the new arrival in a comfortable bed, we are employing the most familiar means at once of suggesting and of securing bodily and mental rest. And this raises the important

question of the value of systematic indoor rest in the treatment of active insanity, a system which is becoming more prevalent in asylums as a result of the more general adoption of hospital methods during recent years, and which, as is well known, dates from the teaching of Weir Mitchell, of Philadelphia, in 1875 and onwards, as to the value of rest in the treatment of neurasthenia and hysteria. In my experience the intrinsic value of indoor rest in the treatment of the insanities is the more or less rapid improvement in the mental and nervous condition of the patient, evidenced by an early diminution of the intensity of the mental symptoms, resulting in their abatement or disappearance, and by an early diminution of restlessness and of insomnia: in other words, there is characteristically a more or less rapid induction of mental and bodily repose, and of the return of sleep. Following, as a rule, the subsidence of the active cerebral symptoms is a gradual improvement in the physical appearance and condition, nutrition and weight of the patient. During the continuous indoor rest treatment, therefore, the mental improvement commonly precedes the physical. The retardation of the improvement in the physical condition, general metabolism and functional activity of the non-nervous organs is the weak point of the system; and, as is well known, if the indoor rest method is unduly pushed, it leads to the evils attributed to prolonged bodily inactivity, such as sluggish action of the skin, bowels, liver and kidneys, defective metabolism and flaccidity of the muscles, and weakening of the heart and circulation, evils, however, which Weir Mitchell and his followers showed could be obviated in the prolonged rest treatment of neurasthenia by such measures as massage, passive and active movements, baths, electricity, and the like. In my experience, however, of indoor rest in the insanities, in the great majority of cases it is not necessary to keep the patient in bed for the long period of two, three or more months advocated by the Philadelphian School in the rest treatment of mania, melancholia, neurasthenia, etc., for, as a rule, shorter periods of indoor rest suffice to bring about the characteristic subsidence of the active mental symptoms. For this special therapeutical effect, therefore, of the employment of rest in bed, as well as for the other advantages which attach to the practice of indoor bed treatment on hospital lines from the points of view of the patient, nurse and physician alike, the hospital or indoor rest



system is much to be preferred to the older asylum or outdoor exercise method, for purposes both of observation and treatment, and in the case both of newly admitted patients, and of more or less confirmed residents during their relapses and phases of active insanity.

The reason why rest in bed is beneficial in active insanity is fairly obvious in cases of morbid excitement and exaltation, delirium and confusion, vivid hallucinatory and delusional states and impulsiveness. The very fact of being in bed suggests to the patient the calm and rest and induces the sleep which are so desirable for him; and the inactivity of the recumbent attitude, by diminishing the inflow of afferent impressions from the muscles to the sensorium, and therefore the outflow of impulses from the motor and psycho-motor areas to the muscles, leads to a physiological reduction of restlessness. The rationale of rest in morbidly depressed, stuporose, and catatonic cases, in which muscular passivity, resistiveness, and even paresis are often prominent features, is at first sight not so evident. S. J. Franz and G. V. Hamilton (*Amer. Journ. Insan.*, October, 1905), indeed, recently advocated exercise in melancholia, basing this practice on experimental investigations of the mental reaction-time of melancholiacs. They observed that these mental reactions, which are usually retarded, were quickened in the afternoons following morning exercise; also, however, in the morning following a restless or sleepless night. They read the quicker reactions as meaning mental improvement, considered that melancholiacs required "keying up," and concluded that in melancholia there was a condition of lowered irritability, which it was desirable to raise to a normal level by systematic exercise. Franz, however, from later experiments (*Amer. Journ. Psychol.*, January, 1906) admits that there is no satisfactory evidence to show that the retardation in melancholia is due to lowered irritability, and states that while systematic exercise may lessen the mental retardation and change a habit of slowness into one of quickness, it does not cure the depression. It will be readily agreed that melancholiacs are none the better for restless or sleepless nights, and the conclusion that one comes to is that quicker reactions produced in melancholiacs by the "keying up" process, in the form of systematic exercise or otherwise, are a fictitious sign of mental improvement, being attributable to the



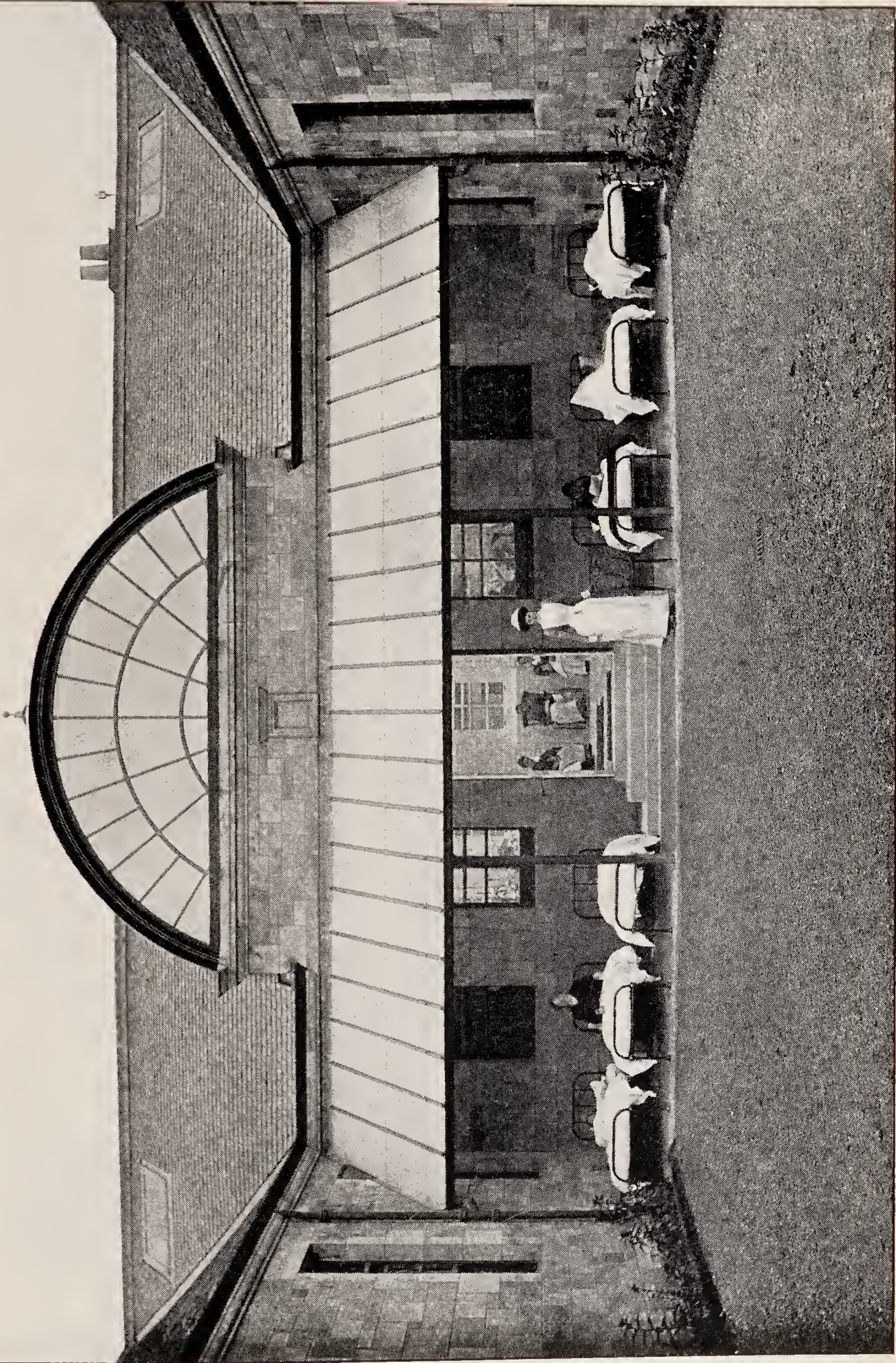
irritability of a fatigued, poisoned, or morbidly disordered nervous system. At the same time, owing to the passivity of the musculature and body generally in melancholia, stupor and catatonia, and consequently an earlier tendency to the metabolic and other bodily troubles of prolonged bodily inactivity, the treatment by indoor rest cannot be pushed so freely as in mania without recourse to accompanying measures of actual or modified exercise for the benefit of the muscles and non-nervous organs generally. Apart from this consideration, however, the central fact remains that the actively insane man is a sick man, and urgently sick as regards his nervous system; for whatever views we may hold as to the etiology and pathology of insanity, all are agreed that it is the brain which is proximately affected and is the immediate seat of the mental and nervous symptoms characteristic of insanity. In active insanity, therefore, the brain diseased calls for ease or rest, and on psychologic, physiologic, etiologic, and pathologic grounds brain-rest is more or less effectually secured by absolute rest for the time of the body in bed amid surroundings which are congenial and suggestive of cure.

(3) *The Sanatorium or Outdoor Rest Treatment of Active Insanity.*

The sanatorium or outdoor rest treatment of active insanity is simply the hospital treatment by rest in bed carried out daily in the open air in verandahs attached to the wards, instead of inside the wards and their bed-rooms as formerly. I had been much impressed by the improvement exhibited by tuberculous patients, sane and insane, undergoing the open-air treatment. I also recalled certain sun-bathed days in summer at Morningside when all the sick, infirm and bed-ridden patients in the women's hospital at West House were turned out of doors, in beds, hammocks and chairs, and given an annual outing in the fresh air and sunshine; and I retained vivid impressions of the sun-burnt faces, healthier bodies, and more contented minds as the result thereof. Having become convinced from my own experience of the exercise and rest methods that the principle of rest was the correct one in the treatment of the active stages and phases of insanity, I accordingly decided to combine the "rest cure" with the "open-air cure" as a systematic treatment for those acutely and actively insane, and made provision

for this purpose in the design, in 1903, of the new hospital at Ayr, with the opening of which, in 1906, the regular practice of the sanatorium treatment of active insanity was commenced. The daily practice of outdoor rest in the case of the newly admitted patients at the reception wards of the hospital proved so successful that I decided to extend its application to all other actively insane patients in the institution, namely, to residents of longer or shorter standing during their relapses or phases of active insanity, including the most difficult and dangerous cases in the asylum. Two large verandahs at the main buildings were accordingly utilised for this purpose at the commencement of the present year, and these patients also soon began to show the special benefits of outdoor rest as compared with those of outdoor exercise or indoor rest and isolation formerly practised in their case. Owing to the common feature of noisy excitement among such cases, and the tendency of one excitable patient to disturb or to be disturbed by others in the vicinity, I found it advisable to have the beds in these verandahs isolated from one another by means of wooden partitions, thus adding the valuable factor of isolation to the open-air rest treatment. Isolation is also secured at the hospital verandahs by the use of temporary screens between the beds, if necessary, or at times by the use of the smaller verandahs at the hospital which are ordinarily occupied by phthisical patients requiring confinement to bed. The accompanying photographs show the system being carried out in the association and isolation verandahs at the hospital and main buildings of the asylum (see photographs of verandahs for sanatorium treatment). They illustrate the operation in combination of two, and sometimes three, potent agents for the amelioration and cure of those actively insane, namely, open air, rest in bed, and isolation if necessary. Experience has already shown that the verandah accommodation at the hospital could have been increased with advantage, so as to enable all patients in that building who are confined to bed, not only the new and actively insane, but also the sick and infirm—with the exception, obviously, of the excessively weak and moribund—to be exposed daily to the beneficial action of open air. And further, even the more or less able-bodied and quiescent insane, who do not require bed-treatment, and whom we treat in asylums with regular forenoon and afternoon outdoor exercise in walking parties and the like, have likewise benefited from systematic



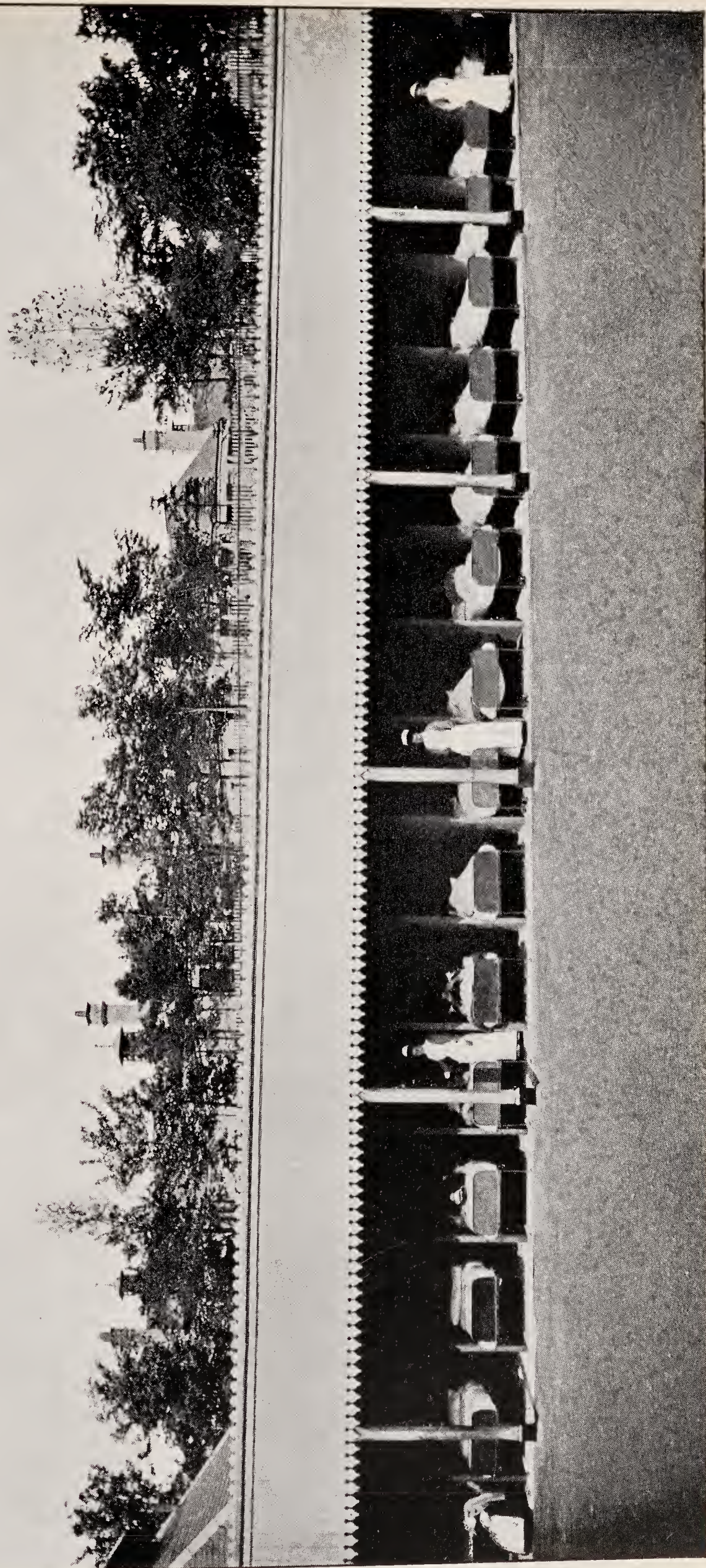


A. D. A. HOSPITAL. WOMEN'S LARGE VERANDAH.









A. D. A. MAIN BUILDINGS. WOMEN'S ISOLATION VERANDAH.

To illustrate Dr. EASTERBROOK'S paper.







daily exposure to the open air so distinctly as to convince me that this class of patient in asylums does not get a sufficiency of fresh air. The general conclusion I have come to, and the standard to be aimed at in the medical administration of an asylum or similar institution, the primary object of which is to secure the best mental and bodily health attainable for the total population, is to carry out a continuous open-air *régime* during daylight hours, from, approximately, seven in the morning to seven in the evening, throughout as much of the year as possible, for all patients, both those requiring rest or bed-treatment, the only exceptions being the excessively weak, and also those not confined to bed, the only exceptions being those who are engaged in necessary indoor work in wards, dormitories, kitchen, laundry and workshops, the exception in their case, however, taking effect only at the times at which such work is being done. Given suitably sheltered verandahs, even meals can be comfortably taken out of doors during most of the year, and the large central dining-hall of asylums, which is already disappearing with the coming of the villa system, will become a thing of the past. To prevent the good effects of the exposure to the open air during the day from being counteracted during the night, when confinement indoors is obviously necessary for the great majority of the insane in asylums, the essential importance of sufficient air-space and ample ventilation in bedrooms and dormitories cannot be too strongly insisted upon. Under such conditions not only does the asylum population become more healthy and contented, but in time the mortality from tubercle, which is three or four times greater amongst the insane than the sane, should markedly diminish, notwithstanding that the insane are specially susceptible to this disease, as is shown by its frequency among them, and also in my experience amongst their near relatives. C. J. Shaw (*Journal of Mental Science*, July, 1907) has recently shown that the tuberculo-opsonic index is subject to greater daily variations, and is on the average lower in the non-tuberculous insane than in healthy sane individuals, and finds that the average index is lower in the acute than in the chronic insane, in adolescents than in adults, in melancholiacs than in maniacs, and is specially low in general paralytics.

As regards the sanatorium treatment of the actively insane at Ayr, all newly admitted patients are, after examination, and

unless too weak physically to be carried or moved about, placed straightway in the verandahs attached to the reception wards of the hospital, and treated with rest in bed in the open air during daylight hours. The hospital verandahs face the south and have pleasant views of the hospital garden, asylum estate and country beyond. They are sheltered from the north, east and west by the adjoining buildings, and their roof is of rippled glass, which is painted in summer for extra protection from the sun. They are sufficiently deep (9 feet) to project well beyond the foot of the beds, but could with advantage have been made deeper to prevent access of rain when the wind is in the south, a difficulty, however, which is met by means of waterproof sheeting spread over the beds. Unusually strong southerly winds with rain, or specially raw and inclement days, are the only weather conditions which hitherto have caused an occasional day's interruption of the treatment. The beds, which are strong, light and portable and were specially made for the purpose, are carried to and fro between the verandahs and the reception wards as required. The amount of bed and personal clothing worn naturally varies with the season, weather, and out-door temperature mainly. The patients are in the verandahs daily from 7 a.m. to 7.30 p.m. during the spring and summer months, when they receive all their meals out of doors. During the months of November, December and January they are taken out to the verandahs in the mornings at half-past eight o'clock, just after breakfast, and during the months September to March they are brought in from the verandahs in the evenings at 5 o'clock, just before the tea-time (5.30 p.m.) of the day staff. Those patients who are sufficiently strong and exhibit no obvious or fine symptoms of fatigue, are allowed to walk to and from the verandahs when the beds are being moved in the morning and evening, and to and from the ward lavatory as required during the day; but apart from this, such patients take no exercise during the period of rest in bed. Patients exhibiting signs of fatigue, weaker and easily exhausted patients, are wheeled or carried to and fro as required, and are allowed no exercise at all to begin with. Extreme physical weakness, for obvious reasons, contra-indicates the treatment. The severity of the mental symptoms is no contra-indication, and even in the worst cases does not prevent the treatment from being



carried out straightway on admission with safety and propriety to all concerned, given plenty of nursing assistance, a sufficiency of bed and personal clothing for the patient, and an isolation verandah ; for even such cases respond satisfactorily to the treatment by rest in bed in the open air, and for the reason of its direct and specific beneficial effects. Even in those comparatively rare cases of intense or fulminant excitement, in which instant action is necessary, in which outdoor exercise is impracticable and in addition harmful from the extra exhaustion induced, in which hot packs and the continuous warm bath are likewise objectionable and not devoid of danger, and in which as a rule the only thing to be done at the time is to isolate the patient in bed with as many nurses as are required, and to administer hypodermics of hyoscine or morphine or other sedatives and hypnotics until the critical excitement subsides, I find that if this bed treatment and isolation with the nurses is conducted out of doors instead of indoors, aided if necessary by the temporary administration of sedatives, the patient gets over the crisis more quickly and looks better at the end of it than by the other procedures, and is able to continue the open-air rest treatment without further difficulty.

What, then, are the effects of rest in bed in the open air in the case of newly admitted and actively insane patients, and wherein do the effects of outdoor rest differ from those of outdoor exercise or indoor rest ? *First and foremost*, there is a rapid subsidence of the active mental and nervous symptoms. This, as already mentioned, is the special feature of treatment by indoor rest as compared with outdoor exercise, but it is still more pronounced in rapidity and degree when the rest in bed is conducted in the open air. Thus, there is a rapid amelioration of mania, melancholia, delirium, confusion, stupor, vivid hallucinatory and delusional manifestations, impulsiveness and mental excitement of all kinds, also of restlessness and of insomnia. The general effect is that the large majority of newly admitted patients show distinct improvement of their various morbid mental states, become less restless, more manageable and more contented, and regain their sleep with greater rapidity than with any other method that I know of. This amelioration of the mental condition occurs after one, two, or three days of outdoor rest in quite a fair proportion of cases, but commonly takes one, two, or three weeks, and in a minority



of cases longer. The improvement in the sleep is striking, and in most cases is distinct within a week, the sleep being increased by one, two, or more hours at nights, in addition to occasional light slumbers during the day. *Secondly*, there is a rapid improvement in the physical condition. This, as pointed out before, is the characteristic feature of treatment by outdoor exercise as compared with indoor rest, but is quite as marked and, in some respects, more rapid than with outdoor exercise. Thus, from the first there is a noticeable improvement in the appearance and condition of the skin, which takes on a better colour, becomes clearer, and functionates more satisfactorily. From the first, also, the improvement of the appetite is striking, the patients, in the majority of cases, readily taking their meals themselves and not requiring to be spoon-fed, as is so commonly the case with new patients at first, whether treated by indoor rest or outdoor exercise. Again, there is an early and distinct improvement in the state of the tongue, and of gastric digestion if previously impaired; and actively insane patients with gastric atony and catarrh and coated tongue do specially well with open-air rest. As regards the state of the intestines, it is my practice to secure a preliminary evacuation in all new cases, usually by five grains of calomel on the evening of admission, followed by a tablespoonful of Epsom salts next morning, and if this fails by a copious simple enema the following evening. Apart from this preliminary measure, with open-air rest, the bowels, if previously constipated, become regular in action without the aid of laxatives in the great majority of cases, the exceptions being patients who are specially the subjects of habitual constipation, and who, like similar sane individuals, require to take aperients regularly. Open-air rest does not benefit catarrh of the intestine to the same extent as that of the stomach, additional local treatment being necessary. Again, distinct improvement occurs in the quality of the blood and circulation, anæmia being markedly benefited by open-air rest, as also conditions of debility and atony of the heart and arteries. The muscles of the limbs become similarly toned up and firmer. And, finally, fat is laid on, and the improvement in general nutrition, once established, is soon marked by a satisfactory increase in weight. This increase in weight commonly amounts to five, six, or seven pounds during the first two to three weeks, on a moderately abundant simple diet consisting

largely of milk and milk puddings to begin with, and in my experience the gain in weight sets in earlier with open-air rest than with outdoor exercise. To sum up, in newly admitted cases, with open-air rest, there is a *rapid and simultaneous improvement* of both the mental and the physical condition of the patients; there is not the retardation of the mental improvement which occurs with treatment by outdoor exercise, nor the retardation of the physical improvement which occurs with treatment by indoor rest.

As to the effects of open-air rest and isolation in the case of the resident and more or less chronic patients during their relapses or phases of active insanity. Such patients in the past were chained in fetters or manacles, at a later date restrained in straight-jackets or locked up in miserable dens, and now-a-days are taken out regularly for exercise two or three times a day; or, if exercise fails, as it does in a certain percentage of cases in which it cannot be carried out with safety or propriety, they are treated, as many a chronic invalid at home is treated, with more or less prolonged confinement to bed and bedroom under the observation of a nurse or nurses, sedatives being administered if they cannot be avoided. It may be said that outdoor exercise and indoor rest with isolation are at the present time the common and most hygienic procedures for dealing with this class of patients. All such cases at Ayr are now treated with open-air rest and isolation during the same hours of daylight as the newly admitted patients, namely, 7 a.m. to 7.30 p.m. during spring and summer, and shorter periods during other months; and consequently, indoor isolation during the daytime for active insanity has to all intents and purposes been abolished, like its predecessor, locked indoor isolation or seclusion.

What, then, are the changes noticeable, more particularly in such chronic cases undergoing open-air rest and isolation in place of indoor rest and isolation as formerly, changes which, therefore, must be due largely, if not entirely, to the prolonged daily exposure to the open air? *Firstly*, the patients are undoubtedly improved mentally—that is, they become less excited, less noisy, less restless, and, as their attendants and nurses say, they become more manageable and more contented than formerly. Further, they sleep distinctly better at night and are less noisy at night. This mental and nervous improve-



ment in consequence necessitates the use of still fewer sedatives and hypnotics than formerly. *Secondly*, they are distinctly improved physically; their skin is healthier, their appetite is better, and their bowels become more regular—a very interesting effect of fresh air. Both in the case of newly admitted and chronic patients undergoing verandah treatment the administration of laxatives has distinctly diminished. The preceding observations apply also to the other patients in the wards of the main buildings who are not undergoing bed treatment in the verandahs, but now, like the verandah patients, spend the day in the open air, occupying the courts on to which the verandahs look, except at walking hours and meantime at meals. The verandah patients, however, receive their meals outside, and as the verandahs at the main buildings are specially well sheltered, verandah treatment of the chronically excited patients is carried out in all weathers. The interesting fact has, therefore, been demonstrated that those resident patients who formerly went out for the customary forenoon and afternoon exercise, as in all similar institutions, now, since being exposed regularly to open air during most of the day, are improved physically and mentally, have a healthier appearance, sleep better and are less noisy at nights; and further, in the case of those patients who are subject to distinctly recurrent attacks of active insanity, it is already noticeable that the attacks are becoming less frequent, and when treated with rest and isolation in the open air are less severe and last a shorter time than formerly. At present nearly 10 *per cent.* of the population at Ayr asylum is being treated for active insanity by the method of open-air rest.

Comparing, then, the general therapeutical effects in active insanity of outdoor exercise, indoor rest, and outdoor rest, I find that outdoor exercise benefits primarily the physical condition but may retard the mental improvement; that indoor rest benefits primarily the mental condition but may retard the physical improvement, and that outdoor rest benefits from the first both the mental and the physical condition. Outdoor rest thus from the outset promotes both mental and physical improvement and so retards neither; further, it avoids the risk of undue exhaustion which attaches to the method of exercise; and lastly, it obviates the evils of bodily inactivity and sluggish metabolism which attach to prolonged indoor rest. Further,



my observations show, firstly, that the advantages which have hitherto been attributed to the exercise treatment of active insanity are due, not to the exercise, but to the fact of the patient being out of doors ; for regular exposure of the patient to the open air during most of the day without exercise secures the characteristic physical improvement, and more readily if combined with rest in bed. And secondly, that the disadvantages which have hitherto been attributed to the prolonged treatment of the neuroses and psychoses by the indoor rest or Weir Mitchell method are due not so much to the factor of rest as to the confinement indoors ; for the sanatorium treatment by rest in bed in the open air not only prevents the evils of sluggish metabolism and the like, but remedies them if present, securing an all-round physical improvement ; and in my experience, the open-air rest treatment may with benefit and safety be continued for months if necessary without recourse to massage, active movements, movements with resistance, electrotherapy and the like, it being, however, advisable in such cases to permit the daily walk to and from the verandahs morning and evening, and every now and again to allow the patient to sit up in a chair in the open air for a day or perhaps more, this being done chiefly with the object of ascertaining whether the change will be beneficial, apart from the reason that it introduces in such cases the desirable element of variety in the routine of the treatment. Such variations in prolonged severe cases, however, are not permissible if distinct symptoms of fatigue are present, for continuous absolute rest is the best safeguard against the special risk of fatal exhaustion in such cases.

The duration of the sanatorium treatment in the case of new patients naturally varies. In a small proportion of cases, in which the bodily health is fair and the mental and nervous condition is quiescent, the period need not exceed two to three days, which I regard as the minimum, and desirable even in such cases, for the purpose partly of the more satisfactory clinical observation thereby secured, and partly for the psychologic and other therapeutic advantages which attach to the system of an initial period of rest in bed for newly admitted patients, as already explained under the hospital system. Commonly a period of one, two, three or four weeks of sanatorium treatment suffices, and so in the great majority of cases the period of rest in bed in the open air does not exceed one

month—a considerably shorter period than the two, three and more months commonly employed by the chief advocates of the rest treatment carried on as hitherto indoors. The mental and bodily conditions each constitute the guide as to the duration of the treatment, and it may be stated generally that as soon as the active mental and nervous symptoms have subsided, and physical improvement has become established, as gauged specially by an increase in weight, the rest in bed stage ceases; but the open-air treatment still goes on, the patient being prescribed much sitting with occasional short walks in the hospital garden, until convalescence is fully established, when exercise and work may be pursued with more freedom. During the after-treatment following the period of rest in bed the gain in weight continues to increase satisfactorily. The dietary enjoined during the sanatorium treatment is a simple, digestible, and moderately abundant one, comprising largely milk and milk puddings to begin with, and sooner or later light ordinary diet with extra milk, eggs, and the like, the chief guides being the particular taste of the patient, and the state of the appetite, digestion and weight. It may be mentioned here also that during the sanatorium treatment of active insanity, as with other methods, any concomitant bodily disorders present which specially call for treatment, in addition to that supplied by the rest in bed and the open air, are corrected so far as is possible. And further, during verandah treatment, if the patient is sufficiently fit mentally and physically, light reading, sewing, games of draughts, dominoes, and the like, are enjoined, as they serve to occupy the mind of the patient in healthy directions without undue effort, and thereby to relieve any tedium arising out of the treatment.

From what has been said it will be gathered that the special efficacy of the sanatorium method in the treatment of active insanity is due to the action of rest in bed *plus* that of the open air. The *modus operandi* of rest is comparatively simple, and has already been referred to; that of the open air is more complicated, and herein lies a wide and worthy sphere for the investigator—the pharmaco-dynamics of the fresh air of the open as a remedy for the preservation of health and the cure of disease. The fresh air has an undoubted soothing and soporific influence on the nervous centres, and the cooler outdoor atmosphere



stimulates general bodily metabolism and appetite, both of which effects render the open air of special value in the treatment of active insanity. But in the treatment of the insane, and, indeed, of the sick in general, by exposure to the fresh air of the open, we cannot overlook the concomitant operation of such beneficent influences as the soothing action of soft breezes playing over the features, the comforting effect of the pleasant sounds and prospects of Nature and her surroundings, as commonly associated with the life in the open, the cheerful influence of sunshine, the health-giving action of the ozone and oxygen and possibly other gases of the atmosphere, and the more obscure influences of light, sound, electricity, heat and cold or temperature, humidity, atmospheric pressure and the like. Indeed, to arrive at the rationale of open air in the therapy of disease, we must take into consideration the entire gamut of its mechanical, chemical, and physical properties and conditions, as regards the influence of which on the human organism for good or the reverse there is now almost a pressing need for further elucidation.

The great importance of an outdoor life in the management of neurotic and insane patients has long been recognised. Largely, no doubt, owing to our habit of associating health with the outdoor life, and sickness with the bed of sickness and confinement to the sick-room, we have in the past come almost instinctively to regard the open air as the inseparable ally of exercise in the treatment of disease, and consequently in practice to confine its use to those conditions, and to those more or less convalescent stages of disease in which it is considered that exercise is suitable and beneficial. Consequently, before the advent of the open-air cure of pulmonary tubercle, to have removed the sick man on his bed of sickness out from the sanctuary of the sick-room into the exposure of the open would have been deemed highly incongruous and even reprehensible by profession and public alike. Thanks, however, to the efforts of the pioneers of the open-air treatment of tubercle, which has assumed so great an importance during the past decade, and has been associated with the names of Hermann Brehmer on the continent, and Trudeau in America, though Dr. Philip, of Edinburgh, tells me it was practised by Bodington and M'Cormac in this country at the middle of last century, the recognition of fresh air for its own sake and not merely as the dormant partner of exercise has at



last come about, and the open air is now taking its proper place as a potent prophylactic and curative agent at the disposal of the physician, and promises to occupy as important a position in the domain of medicine as Listerism in the realm of surgery; and not even to stop here, with active schemes afloat for open-air schools in London and elsewhere, hedge-schools in Switzerland, and open-air nurseries and *crèches*.

Since the advent of the open-air treatment of pulmonary tubercle, which has now found its way into every well-equipped asylum, doubtless many psychiatrists must have been adopting the open-air principle more freely in the treatment of those actively insane. Apart from a preliminary communication by myself on the sanatorium treatment, contained in the article on insanity in the *Medical Annual* for 1907, the only other contribution on the subject with which I am acquainted is a recent paper entitled "The Open-air Treatment in Psychiatry," (*New York Med. Journ.*, February 9th, 1907) by W. Mabon, Medical Superintendent of Manhattan State Hospital, Ward's Island, New York. According to Mabon, the late Dr. A. E. Macdonald introduced tent life for the tuberculous insane at Ward's Island in 1901, and the late Dr. E. C. Dent extended the open-air treatment to the acute insane about 1904. Mabon has continued the system and in the paper reported gives his experience of it. The tents originally used, owing to obvious disadvantages in wet and stormy weather and the difficulties of proper ventilation, have been largely replaced by wood and glass pavilions termed "camps." These are situated near the permanent reception building, into which it would appear that the worst cases are first admitted and frequently undergo, in delirious and similar cases, treatment by warm packs and the continuous warm bath for a week before being sent to the camps, one of which is reserved for bed cases. Mabon speaks very favourably of the open-air method as carried out in the camps or pavilions and tents. He obtains a recovery rate of 40 *per cent.*, and has "found the open-air treatment particularly beneficial for the following classes of the insane: (1) The tuberculous; (2) the feeble and untidy; (3) the retarded convalescents; (4) the acute insane, in whom the psychosis is associated with the anæmic blood states, delirium and loss of sleep."

In the sanatorium treatment at Ayr, which is carried out straightway with all new patients, mild and severe cases alike,

it will have been seen that the essential feature is the combination of rest in bed and the open air, the rest in bed being quite as important as the open air. It seems strange indeed that the combination of rest in bed and the open air as a distinct therapeutic system has not hitherto been recognised in the treatment of the neuroses and psychoses, in which rest and exercise have each played, and still play, so prominent a part. And yet in one of the latest and best expositions of the rest cure, by Dercum, of Philadelphia (*Cohen's System of Physiologic Therapeutics*, vol. viii, Rebman, London, 1903), emanating from the home and fountain head of the Weir Mitchell treatment, there is from cover to cover no suggestion of a possible alliance between rest in bed and the open air, but throughout an estrangement, the result of the tacit association of open air with the antagonistic though complementary system of exercise. The rest in bed, full rest, or strict rest treatment, which lasts for two, three or more months, is always indoor rest, and is to be followed sooner or later by exercise, exercise indoors, and ultimately exercise in the open air; and this applies to the treatment of neurasthenia, hysteria, hypochondria, melancholia, mania, stupor, confusion, delirium, and other neuroses and psychoses. Thus, speaking of the treatment of melancholia, Dercum says (page 197): "Whenever it is possible, other things being equal, radical rest in bed should be carried out. This rest should always be of many weeks' duration, just as it is in the treatment of neurasthenia. Even in cases of melancholia in which the duration of the disease is of unusual length, say a year or more, the patient should, from time to time, be submitted to periods of rest, these periods alternating, according to circumstances, with other periods of open-air and out-of-door life." . . . Again (page 204): "Even when the patient is under rigid rest treatment it is a wise plan to allow him to sit up or exercise about the room for a few minutes twice daily." . . . And again (page 205): "Little by little, as the case progresses, the patient should be permitted to get out of bed; little by little passive movements should be added to the massage, and finally, movements with resistance may be instituted. The time out of bed should gradually be increased, and very soon the patient should be permitted to exercise for short periods in the open air."

From the foregoing description of the sanatorium treatment



of active insanity as practised at Ayr it will be seen that on physiologic, psychologic, etiologic, and pathologic grounds the combination of rest in bed and the fresh air of the open secures in the most natural way the rest required for the nervous centres during their critical experience in an attack of psychosis or neurosis, and so places the patient in the best conditions for recovery. And here it may be asked, What is the recovery rate by the open-air rest treatment in active insanity, and how does it compare with the results by the exercise and rest methods respectively? I have purposely refrained from giving statistics on such points because of the inherent difficulties and fallacies which beset such investigations, and further, because it is too soon yet to speak definitely as to the recovery rate by the open-air rest treatment. I may, however, state that excluding transfers of all kinds, and including only those patients who had not previously during the existing attack been under treatment as certified insane persons, including the good with the bad, the highly recoverable, and the congenital imbeciles and idiots who came in with the others having become certified as insane for the first time in their lives, I obtained, in the case of 512 patients treated under the exercise system, a recovery rate of 42 *per cent.* (the results being slightly better with women than with men), and in the case of 511 patients treated under the rest system a recovery rate of 44 *per cent.* (the results being slightly better with men than with women). And I must merely content myself meantime with the statement that a trial of the sanatorium system as described in the foregoing has convinced me that it is a more satisfactory method of treatment than either the exercise or the rest method as hitherto practised, and that it should in due time yield even more satisfactory results.

















